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ABSTRACT

The self instructional text for Head Start personnel is designed to further refine and enhance the skills of staff members in learning to deal effectively with abuse and neglect problems. Following directions for using the text are units on the following areas: policy, background information, definitions, abusive and neglectful patterns, characteristics, reporting, treatment, and prevention. Stimulus and self-assessment quizzes are provided at the beginning and end of each unit. Appendixes include sources of additional information, suggestions for Head Start administrators on the use of the text, a reference guide for Head Start directors implementing Head Start policy instruction on child abuse and neglect, and suggested questions for determining agency compliance with Head Start policy instruction on child abuse and neglect. (SBH)

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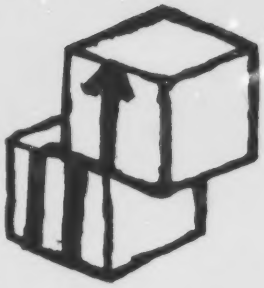

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A Self-Instructional Text for Head Start Personnel

CHILD ABUSE AND NEGLECT

October 1977

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Head Start Bureau and Children's Bureau
Administration for Children, Youth and Families
Office of Human Development Services
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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FOREWORD

Operating as it does throughout the United States, with centers in thousands of communities through which services are provided to hundreds of thousands of preschool children daily, Head Start is in a unique position to identify families in trouble. Child abuse and neglect is one area of difficulty which seems to be of frightening magnitude among our families from all economic strata, especially as it pertains to our very young children.

In 1973, a decision was made to assist local Head Start program staff improve their skills in dealing with problems of abuse and neglect. One important step in providing support for the staff was the development of the Head Start Policy on Identification and Reporting of Child Abuse and Neglect which became effective on January 26, 1977.

This Self-Instructional Text for Head Start Personnel on Child Abuse and Neglect was developed to further refine and enhance the skills of staff members in learning to deal effectively with abuse and neglect problems. The Head Start Bureau and the National Center on Child Abuse and Neglect of the Children's Bureau collaborated in the creation of this text, depending exclusively on the Region VII Child Abuse and Neglect Resource Center for the writing and field testing.

Although this Self-Instructional Text is designed primarily for Head Start staff, it can unquestionably be used by virtually all persons who work with children and wish to become more knowledgeable about techniques and approaches for identifying and reporting problems of abuse and neglect.

This text represents the "starting point" for learning to deal with the issues of abuse and neglect, and should prove to be a valuable tool for those who are working to enhance the quality of life for our children and their families.

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INTRODUCTION

Child abuse and neglect is a complex and difficult subject. Not all aspects have been clearly defined and accepted universally. This self-instructional learning text does not supply all the answers to child abuse and neglect, nor does it spell out each Head Start program's policy and procedures on child abuse and neglect. The following information is intended to serve only as the springboard for discussion of child abuse and neglect in staff development and in-service training sessions. From these discussions, specific local policies and procedures can be developed and implemented.

This text has been specifically designed for Head Start personnel for several reasons. First, the Head Start Bureau recently published policy instructions on the identification and reporting of child abuse and neglect. These policy instructions require local Head Start personnel to have a basic understanding of abuse and neglect.

Secondly, the National Center on Child Abuse and Neglect requested that all child abuse and neglect demonstration resource centers provide training to Head Start personnel. The Region VII Resource Center

complied with this request by conducting a workshop for Head Start staff and Policy Council members in Kansas City, Missouri, in May 1976. Evaluation of the workshop revealed a very favorable response to the material which was presented. Many participants expressed a desire to spend more time discussing the material, wished it could be made available to all Head Start personnel and asked to have more information regarding abuse and neglect in order to comply with the policy.

Furthermore, in preparing for the workshop, a review of the child abuse and neglect literature revealed few reference materials which are specifically written for Head Start, preschool or day care personnel. Reference materials which do exist are found in a variety of professional journals and are often written in technical language.

For the above reasons, our intent was to develop a specific child abuse and neglect text for Head Start programs and personnel which would:

1. Provide the most basic and current information about child abuse and neglect;
2. Simplify the technical language found in the professional journals;
3. Be specifically written for Head Start personnel who come from a variety of training backgrounds and experiences; and
4. Include a reference source for personnel who wish more information.

The dividing line between abuse and neglect is often fuzzy; we have tried to be as specific as the current state of research will allow. In some States the law does not separately define abuse and neglect and in others neglect is not even included in the law. Neglect is a complex problem and can have different legal implications. There are many arguments among professionals regarding its difference from abuse. It is not our intent to explore these controversial issues in depth. For additional information we refer the reader to the bibliography at the end of the text.

A version of this text was field-tested in Head Starts throughout Iowa, Kansas, Missouri and Nebraska. Their suggestions for revisions have been incorporated in the text.

AN EXPLANATION OF SELF-INSTRUCTIONAL LEARNING TEXTS

This material has been designed as a self-instructional learning text. Self-instructional texts represent a new way of teaching-learning which has been successfully used by teachers in public schools and colleges for many years.

A self-instructional learning text contains a number of different learning methods. The information is presented in short concise units. Objectives are included which specify the information and knowledge to be learned. Self-assessment items at the end of each unit provide an opportunity to use the information which has just been learned. Answers to the self-assessment items give immediate feedback concerning the accuracy of responses which have been made. The learner assumes an active role in the learning process and proceeds to learn the material at his or her own speed and leisure.

DIRECTIONS FOR USING THE TEXT

To gain the most benefit from this self-instructional learning text we encourage you to do the following things:

1. ANSWER THE QUESTIONS IN THE STIMULUS QUIZ AT THE BEGINNING OF EACH UNIT. Please answer each question. This quiz is intended to measure the extent of your current knowledge regarding material contained in the text. Answers are given on the page following the quiz.

2. READ THE SECTION ENTITLED "FOLLOWING THE COMPLETION OF THIS UNIT YOU SHOULD BE ABLE TO ANSWER THE FOLLOWING QUESTIONS:". The questions represent the information which you are expected to gain from the unit.

3. READ THE MATERIAL CONTAINED WITHIN THE UNIT.

4. ANSWER THE QUESTIONS IN THE SELF-ASSESSMENT QUIZ AT THE END OF THE UNIT. ANSWER ACCORDING TO THE MATERIAL WHICH HAS BEEN PRESENTED IN THE TEXT AND NOT FROM YOUR PERSONAL EXPERIENCE. Then turn the page and check your answers with the answers which have been provided. The number of correct responses you have given is a measure of your understanding of the information in each unit. If any of the questions are missed, re-read the unit before continuing to the next unit.

5. USE THIS SAME PROCEDURE WITH EACH UNIT IN THE TEXT.

Unit 1

POLICY FOR HEAD START PROGRAMS

☆ STIMULUS QUIZ

Please answer each question -- they all relate to the policy for Head Start programs concerning child abuse and neglect. After you have done this turn the page and check your answers.

1. T F According to Head Start policy all personnel must report child abuse and neglect in compliance with state and local laws.

2. T F Head Start agencies are to admit to their programs allegedly abused or neglected children referred by appropriate agencies.

3. T F Head Start agencies should start treatment programs for suspected child abuse families.

4. T F There is no need for a Head Start program to appoint its own coordinator for child abuse and neglect activities.

5. The main idea behind an orientation program for parents is to help them: (Circle the correct response.)

   A. Identify suspected abuse and neglect.

   B. Recognize that abusing parents need help, not punishment.

   C. Become acquainted with state child abuse and neglect laws.

   D. Learn more about abuse and neglect.

6. T F Head Start agencies have an important preventive role to play in relation to child abuse and neglect.

★ STIMULUS QUIZ ANSWERS: Unit 1

1. True
2. True
3. False. Head Start is not to become a primary treatment agency.
4. False. Each Head Start program must appoint its own coordinator for child abuse and neglect activities.
5. B
6. True

Explanations for the correct answers appear in Unit 1 and in the Head Start Policy Statement which is included at the end of Unit 1.

FOLLOWING THE COMPLETION OF THIS UNIT YOU SHOULD BE ABLE TO ANSWER THE FOLLOWING QUESTIONS:

- What is the new reporting procedure for Head Start programs?
- What is the policy regarding abuse and neglect records in Head Start programs?
- What is the nature of the relationship between Head Start and community agencies?
- What is Head Start policy concerning the admission and retention of abused and neglected children in local programs?
- What are the responsibilities of the Head Start staff member who coordinates abuse and neglect activities?
- What is the main idea behind an orientation program for Head Start staff and parents?

UNIT 1

POLICY FOR HEAD START PROGRAMS[1]

The Head Start Bureau has recently published policy instructions for all of its programs dealing with PREVENTION, IDENTIFICATION, REPORTING and TREATMENT of child abuse and neglect. It applies to all Head Start and delegate agencies which run the entire year or during the summer as well as experimental or demonstration programs. A copy of the policy which was printed in the January 26, 1977 issue of the Federal Register is included at the back of this unit.

This policy reflects the overall goal of Head Start which is to provide comprehensive developmental services to meet the basic needs of each child and encourage the best possible development. Head Start programs involve the entire family, and there is much interaction between programs and the parents. Head Start has had a policy for handicapped children the past few years. The new policy deals with another group of children with special needs: abused and neglected children.

The purpose of this unit is to summarize the main points in the policy. These main points are as follows:

1. HEAD START AGENCIES AND DELEGATE AGENCIES MUST REPORT CHILD ABUSE AND NEGLECT IN COMPLIANCE WITH STATE OR LOCAL LAW.

   Many states require preschool and day care staff to report suspected child abuse and neglect. They are mandatory reporters. In other states day care staff are permitted to reported suspected abuse

and neglect. Reporting is permissive or voluntary, but not required by law.

> The new Head Start policy requires that you report all instances of abuse and neglect regardless of whether you are a PERMISSIVE or MANDATORY reporter, if your state or local law provides immunity.

2. HEAD START AGENCIES AND DELEGATE AGENCIES WILL MAINTAIN CONFIDENTIALITY OF RECORDS CONCERNING CHILD ABUSE AND NEGLECT IN ACCORDANCE WITH STATE OR LOCAL LAW AND HEAD START PROGRAM PERFORMANCE STANDARDS.

3. HEAD START PROGRAMS WILL WORK WITH LOCAL CHILD PROTECTIVE SERVICE AGENCIES WHO DEAL WITH ABUSE AND NEGLECT. THEY ARE NOT TO BECOME PRIMARY TREATMENT PROGRAMS OR UNDERTAKE TREATMENT ON THEIR OWN.

4. HEAD START PROGRAMS HAVE AN IMPORTANT PREVENTIVE ROLE TO PLAY IN RELATION TO CHILD ABUSE AND NEGLECT.

5. HEAD START PROGRAMS WILL MAKE EVERY EFFORT TO RETAIN ABUSED AND NEGLECTED CHILDREN AND/OR ADMIT ALLEGEDLY ABUSED AND NEGLECTED CHILDREN WHO ARE REFERRED BY CHILD PROTECTIVE SERVICE AGENCIES IF THE FAMILIES ARE ELIGIBLE FOR HEAD START AND IF THEY ARE APPROVED BY THE POLICY COUNCIL.

6. DIRECTORS OF HEAD START AGENCIES AND DELEGATE AGENCIES MUST APPOINT A STAFF MEMBER TO COORDINATE CHILD ABUSE AND NEGLECT ACTIVITIES. This individual has several responsibilities:

- To establish and maintain relationships with community agencies which are also involved with abuse and neglect. These include agencies which provide child protective services and agencies which have legal responsibility for receiving reports of abuse and neglect (for example, state or local department of social services, county attorney, police, sheriff or juvenile probation departments).
- To inform the staff regarding the agency's procedure for identifying and reporting suspected child abuse and neglect within the Head Start program.
- To inform parents and staff of the legal requirements regarding the reporting of abuse and neglect.
- To report suspected child abuse and neglect to the appropriate agency.
- To discuss the report with the family "if it appears desirable or necessary to do so" (Federal Register, January 26, 1977, p. 4971). This simply means you have the option of discussing the report with the family if you have a good relationship with them. In some instances you may not wish to discuss the report with the family, particularly if there is the possibility that the parents might become angry and further abuse the child.

- To know which medical and social community resources are available for abused and neglected children and their families.

7. HEAD START AGENCIES AND DELEGATE AGENCIES SHALL PROVIDE AN ORIENTATION PROGRAM FOR THEIR STAFFS REGARDING THE IDENTIFICATION AND REPORTING OF CHILD ABUSE AND NEGLECT. An orientation program for parents should also be provided which focuses on the need for prevention as well as the need for protection for abused and neglected children. The main idea behind the orientation is to get across the following points:

   - abusing parents or caretakers need help, not punishment; that Head Start programs play a major role in preventing child abuse and neglect; and that Head Start can support efforts to bring help to abusing and neglectful families.

federal register

WEDNESDAY, JANUARY 26, 1977

PART III

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Office of Human Development

HEAD START PROGRAM

Identification and Reporting of Child Abuse and Neglect; Policy Instruction

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Office of Human Development

HEAD START PROGRAM

Identification and Reporting of Child Abuse and Neglect; Policy Instruction

The Proposed Policy Instruction on Identification and Reporting of Child Abuse and Neglect was published in the FEDERAL REGISTER on January 20, 1976, prescribing instructions on the identification and the reporting of child abuse and neglect for Head Start and delegate agencies.

Interested persons and organizations were invited to submit comments on or before March 26, 1976. Eight-two (82) comments were received from thirty-seven (37) individuals and organizations in regard to the Proposed Policy Instruction. Of thirty-seven (37) individuals and organizations, thirty-five (35) concurred with the proposed policy, accompanied by some recommendations and comments. The other two (2) opposed the proposed policy on the grounds that child abuse was rare and that reporting of child abuse or neglect cases could jeopardize the trust relationship between Head Start staff and parents. Comments and recommendations were generally thoughtful and helpful and they covered primarily the following:

A. The definition of child abuse and neglect should be separated and distinguished considering the definition of child abuse as a "willful" act, while neglect is often an outcome of environmental or educational circumstances.

B. "Suspected" child abuse should be recognized as justifiable for reporting.

C. Head Start has already been playing a significant role in preventing and alleviating the problems of child abuse and neglect, and the proposed policy does not fully recognize this fact.

D. There is a concern over personal protection from physical or mental harassment that could occur as a result of reporting.

E. The admission of already "eligible" children on the grounds of abuse or neglect does not serve the purpose that the admission of "ineligible" children on these grounds would.

F. Parents and communities need to be made aware of the seriousness of child abuse and neglect, educated on laws governing it, as well as informed about agencies that are available to them to help prevent child abuse and the services Head Start offers in this area.

G. There is a desire and need by the staff and parents for training and education about child abuse and neglect and the laws concerning this issue.

H. When the Head Start program is located within the jurisdiction of an American Indian tribe, the reporting in accordance with tribal code should be accepted on the same basis as reporting in accordance with State law.

It was suggested that the definition of child abuse and neglect be separated and distinguished considering the definition of child abuse as a "willful" act, while neglect is often an outcome of environmental or educational circumstances. The reason for distinguishing the definition of the two seems to be based on an assumption that abuse is a willful act, whereas neglect is not, and that parents or guardians who abuse children are more responsible for their acts than those who neglect children. Yet, neglecting a child can be just as harmful in many instances as abusing a child, in our opinion. This policy requires the Head Start agencies to comply with the State law in identifying and reporting child abuse and neglect. Since many State laws do not distinguish the definitions of the two, it would be confusing to some Head Start agencies. Office of Child Development (OCD) did not revise the policy based on this comment.

It has been a concern to OCD that the reporting of child abuse and neglect may strain the relationship between Head Start and parents. However, this distressing social problem of child abuse and neglect must be dealt with, and it is our hope that it can be done without damaging the trust relationship with parents. We recognize the potential public relations problems inherent in implementing this policy, but must keep in mind the threat which abuse and neglect imposes on children who become victims. If Head Start did not report a child abuse or neglect case to preserve a trust relationship with parents, the credibility and viability of Head Start may be jeopardized with other parents, staff members, and the public. This kind of problem can be minimized or prevented if Head Start agencies provide an orientation session for parents where the nature of the problem, available treatment and resources, and the position of Head Start, can be discussed, accompanied by the social service coordinator's working closely with the parents throughout the year. OCD made no revision based on this comment.

It was pointed out that the admission of already "eligible" children on the grounds of abuse or neglect does not serve the purpose that the admission of "ineligible" children on these grounds would. OCD appreciated this comment. However, if this policy did change the eligibility by allowing Head Start to accept otherwise ineligible children, Head Start would become a child abuse and neglect treatment agency. This raises a series of issues in terms of the local Head Start's resources and working relationship with the State-designated agency as well as legal questions under the Headstart-Follow Through Act. OCD made no revision based on this comment.

While we concur with the desirability of requiring reporting of "suspected" child abuse and neglect, the reporting laws of several States do not mandate or authorize the making of reports on the basis of evidence of abuse and neglect which arouses only a suspicion. In such States the reporting statute would not grant immunity from civil and criminal liability to a reporter who based his report on suspicion. This policy, therefore, even though it requires reports by Head Start agencies and personnel in all cases reportable under State or local laws, whether mandatory or voluntary, does not impose a universal duty to report suspected child abuse and neglect. Thus, the phrase, "child abuse and neglect," as used herein, refers to both the definition of abuse and neglect under applicable State law, and the evidentiary standard required for reporters under applicable State law. OCD made no change based on this comment.

The following changes have been made on the Proposed Policy Instruction based on these comments:

A. "Applicable" is added immediately before "State", and "local" is added immediately after "State", where appropriate, to allow Indian tribes who do not follow the State laws to report in accordance with the tribal code.

B. The last paragraph of Section N-30-350-1-30, Policy—A. *General provisions*, was revised to recognize the role that Head Start has been playing in preventing child abuse and neglect.

C. *Training*, (2) under B. *Special provisions*, was strengthened to make communities aware of the seriousness of child abuse and neglect and to accommodate the needs and wants for training, by the Head Start staff members and parents, in child abuse and neglect.

This policy instruction is published pursuant to the requirements of section 517(d), Title V, Economic Opportunity Act of 1964, as amended by section 8(a) of the Headstart, Economic Opportunity, and Community Partnership Act of 1974.

The National Center on Child Abuse and Neglect has been established in the Office and Child Development to implement the Child Abuse Prevention and Treatment Act ("the Act"), Pub. L. 93-247. Although Head Start is not specially affected by the new child abuse and neglect Act, the establishment of the National Center has increased our awareness of the role that Head Start can end, in fact, has been playing in the effort to prevent and identify child abuse and neglect and find help for the child and his/her family. Thus, the establishment of the Center and increased Federal effort in child abuse and neglect prevention, identification, treatment, and reporting have prompted a careful reexamination of what Head Start has been doing about this most distressing problem and development of specific guidance to assist Head Start programs in dealing with it.

States set different requirements for pre-school and day care staff in reporting suspected child abuse and neglect cases. Twenty-nine (29) States mandate pre-school and day care staff to report suspected child abuse or neglect cases and twenty-five (25) States permit day care staff to report suspected child abuse or neglect cases. Therefore, Head Start agencies need policy guidance in dealing with suspected child abuse and neglect cases. This policy provides that guidance.

Effective date: This policy instruction shall be effective on January 26, 1977.

(Catalogue of Federal Domestic Assistance Programs No. 13,600 Child Development—Head Start.)

Dated: January 18, 1977.

JOHN H. MEIER,
Director,
Office of Child Development.

Approved: January 18, 1977.

STANLEY B. THOMAS, JR.,
Assistant Secretary for
Human Development.

The Chapter N–30–356–1 in the Head Start Policy Manual reads as follows:

N–30–356–1–00 Purpose.
10 Scope.
20 Applicable law and policy.
30 Policy.

AUTHORITY: 80 Stat. 2304 (42 U.S.C. 2928h).

N–30–356–1–00 *Purpose.* This chapter sets forth the policy governing the prevention, identification, treatment, and reporting of child abuse and neglect in Head Start.

N–30–356–1–10 *Scope.* This policy applies to all Head Start and delegate agencies that operate or propose to operate a Full-Year or Summer Head Start program, or experimental or demonstration programs funded by Head Start. This issuance constitutes Head Start policy and noncompliance with this policy will result in appropriate action by the responsible HEW official.

N–30–356–1–20 *Applicable law and policy.* Section 511 of the Headstart-Follow Through Act, P.L. 93–644, requires Head Start agencies to provide comprehensive health, nutritional educational, social and other services to the children to attain their full potential. The prevention, identification, treatment, and reporting of child abuse and neglect is a part of the social services in Head Start. In order for a State to be eligible for grants under the Child Abuse Prevention and Treatment Act (hereinafter called "the Act"), P.L. 93–247, the State must have a child abuse and neglect reporting law which defines "child abuse and neglect" substantially as that term is defined in the regulations implementing the Act, 45 CFR 1340.1–2(b). That definition is as follows:

A. "(b) 'Child abuse and neglect' means harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare.

"1. 'Harm or threatened harm to a child's health or welfare' can occur through: Nonaccidental physical or mental injury; sexual abuse, as defined by State law; or neglectful treatment or maltreatment, including the failure to provide adequate food, clothing, or shelter. Provided, however, that a parent or guardian legitimately practicing his religious beliefs who thereby does not provide specified medical treatment for a child, for that reason alone shall not be considered a negligent parent or guardian; however, such an exception shall not preclude a court from ordering that medical services be provided to the child, where his health requires it.

"2. 'Child' means a person under the age of eighteen.

"3. 'A person responsible for a child's health or welfare' includes the child's parent, guardian, or other person responsible for the child's health or welfare, whether in the same home as the child, a relative's home, a foster care home, or a residential institution."

In addition, among other things, the State would have to provide for the reporting of known or suspected instances of child abuse and neglect.

It is to be anticipated that States will attempt to comply with these requirements. However, a Head Start program, in dealing with and reporting child abuse and neglect, will be subject to and will act in accordance with the law of the State in which it operates whether or not that law meets the requirements of the Act. Thus, it is the intention of this policy in the interest of the protection of children to insure compliance with and, in some respects, to supplement State or local law, not to supersede it. Thus, the phrase "child abuse and neglect," as used herein, refers to both the definition of abuse and neglect under applicable State or local law, and the evidentiary standard required for reporters under applicable State or local law.

N–30–356–1–30 *Policy*—A. *General provisions.* 1. Head start agencies and delegate agencies must report child abuse and neglect in accordance with the provisions of applicable State or local law.

a. In those States and localities with laws which require such reporting by pre-school and day care staff, Head Start agencies and delegate agencies must report to the State or local agencies designated by the State under applicable State or local Child Abuse and Neglect reporting law.

b. In those States and localities in which such reporting by pre-school and day care staff is "permissive" under State or local law, Head Start agencies and delegate agencies must report child abuse and neglect if applicable State or local law provides immunity from civil and criminal liability for goodfaith voluntary reporting.

2. Head Start agencies and delegate agencies will preserve the confidentiality of all records pertaining to child abuse or neglect in accordance with applicable State or local law.

3. Consistent with this policy, Head Start programs will not undertake, on their own, to treat cases of child abuse and neglect. Head Start programs will, on the other hand, cooperate fully with child protective service agencies in their communities and make every effort to retain in their programs children allegedly abused or neglected—recognizing that the child's participation in Head Start may be essential in assisting families with abuse or neglect problems.

4. With the approval of the policy council, Head Start programs may wish to make a special effort to include otherwise eligible children suffering from abuse or neglect, as referred by the child protective services agency.

However, it must be emphasized that Head Start is not nor is it to become a primary instrument for the treatment of child abuse and neglect. Nevertheless, Head Start has an important preventative role to play in respect to child abuse and neglect.

B. *Special provisions*—1. *Staff responsibility.* Directors of Head Start agencies and delegate agencies that have not already done so shall immediately designate a staff member who will have responsibility for:

a. Establishing and maintaining cooperative relationships with the agencies providing child protective services in the community, and with any other agency to which child abuse and neglect must be reported under State law, including regular formal and informal communication with staff at all levels of the agencies;

b. Informing parents and staff of what State and local laws require in cases of child abuse and neglect;

c. Knowing what community medical and social services are available for families with an abuse or neglect problem;

d. Reporting instances of child abuse and neglect among Head Start children reportable under State law on behalf of the Head Start program;

e. Discussing the report with the family if it appears desirable or necessary to do so;

f. Informing other staff regarding the process for identifying and reporting child abuse and neglect. (In a number of States it is a statutory requirement for professional child-care staff to report abuse and neglect. Each program should establish a procedure for identification and reporting.)

2. *Training.* Head Start agencies and delegate agencies shall provide orientation and training for staff on the identification and reporting of child abuse and neglect. They should provide an orientation for parents on the need to prevent abuse and neglect and provide protection for abused and neglected children. Such orientation ought to foster a helpful rather than a punitive attitude toward abusing or neglecting parents and other caretakers.

[FR Doc.77–2284 Filed 1–25–77;8:45 am]

☆ SELF-ASSESSMENT QUIZ: Unit 1

Here is an opportunity to quiz yourself on what you have learned from the unit. Please answer each question. After you have done this turn the page and check your answers.

1. T F The Head Start policy will now require permissive reporters to report abuse and neglect if they have protection against prosecution for doing so.

2. Two kinds of agencies that are involved with abuse and neglect in your community and with whom it is necessary to establish and maintain relationships are child protective services and _____

   _____

3. T F Once suspected child abuse or neglect is reported, the child must leave the Head Start program.

4. Records dealing with abused and neglected children and their families are to be kept _____.

5. T F Head Start agencies may initiate treatment programs for suspected child abuse families.

6. The individual in your agency appointed to coordinate child abuse and neglect activities has the following responsibilities: (Circle all correct responses.)

   A. Establish and maintain relationships with community agencies.

   B. Inform Head Start staff regarding the agency procedure for identifying and reporting suspected abuse and neglect.

   C. Inform parents and staff regarding child abuse and neglect laws.

   D. Report suspected abuse and neglect cases to the appropriate agency.

   E. Discuss the report with the family if necessary.

   F. Know community resources.

★ SELF-ASSESSMENT QUIZ ANSWERS: Unit 1

1. True - stated in Head Start Policy, page 1971 of the Federal Register.
2. Other agencies who also receive reports.
3. False - your Head Start program should support the abused child's continued involvement.
4. Confidential. These records are not to be made available to the public or others not approved by law.
5. False - Head Start Policy page 1971.
6. All are correct - Head Start Policy page 1971.

If you missed any of the questions re-read this unit before progressing to the next unit.

REFERENCES FOR UNIT 1

1. This unit has been adapted from Part III: U.S. Department of Health, Education, and Welfare, Office of Human Development, Head Start Program, "Identification and Reporting of Child Abuse and Neglect. Policy Instruction," Federal Register, 26 January 1977, pp. 1970-1.

Unit 2

BACKGROUND INFORMATION CONCERNING ABUSE AND NEGLECT

☆ STIMULUS QUIZ

Please answer each question. After you have done this turn the page and check your answers.

1. T F Most abusers are severely emotionally disturbed.

2. Neglect is most frequently caused by: (Circle the correct response.)

   A. Poverty

   B. Social stress

3. T F Abuse is usually directed against two or three children in the family rather than against a particular child.

4. How frequently does neglect occur compared to abuse? (Circle the correct response.)

   A. Abuse and neglect occur with the same frequency.

   B. Neglect occurs more frequently than abuse.

5. What are the age groups in which neglect is most apt to occur? (Circle the correct response.)

   A. Birth to one year

   B. Two to five years

   C. Six to eighteen years

   D. All age groups

6. Neglect is more apt to involve: (Circle the correct response.)

   A. The younger child in a family

   B. All children in a family

7. T F Most cases of child abuse end up in criminal courts of law.

★ STIMULUS QUIZ ANSWERS: Unit 2

1. False - only a minority are considered emotionally disturbed.
2. B - social stress
3. False - usually abuse is directed against one particular child.
4. B - neglect occurs more frequently than abuse.
5. D - all age groups
6. B - all children in a family
7. False - most cases of child abuse are handled by social service agencies.

FOLLOWING THE COMPLETION OF THIS UNIT YOU SHOULD BE ABLE TO ANSWER THE FOLLOWING QUESTIONS:

- What was the emphasis of early legislation?
- What are the age groups in which abuse is most apt to occur?
- What are the age groups in which neglect is most apt to occur?
- What are the two theoretical reasons for abuse?
- What are the most common factors contributing to neglect?
- How frequently does neglect occur compared to abuse?
- How many children in one family are apt to be abused at one time?

- How many children in one family are apt to be neglected at one time?
- What is the intent of current legislation?

UNIT 2

BACKGROUND INFORMATION CONCERNING ABUSE AND NEGLECT[1]

HISTORY

Brutality toward children has been with us for centuries. But even at the beginning of the present century there were very few laws or very few organizations which were involved in looking out for the rights of the child. The current concern regarding child abuse began about thirty years ago with a physician named John Caffey. Caffey wrote a paper regarding the presence of a subdural hematoma, which is a collection of blood underneath the bones of the skull, that was present in babies and often associated with fractures of long bones elsewhere in the body. He could not account for this, but he did mention in his article that the fractures appeared to be of a traumatic nature.[2] In 1962 Henry Kempe, the pediatrician who is perhaps more responsible than anyone else for initiating the effort to combat child abuse and neglect, stated in an article that the "Battered-Child Syndrome" was a reality - and present to a considerable degree in the United States.[3] This created a lot of controversy.

In 1962, the Children's Bureau developed and published a guide entitled "Principles and Suggested Language for Legislation on Reporting of the Physically Abused Child." Within five years, every state and three territories had adopted such laws. To make it possible to report twenty-four hours a day, many of these laws required that reports be made to the police.

The Child Abuse and Prevention and Treatment Act (Public Law 93-247) was signed into law on January 31, 1974, in response to the need for a coordinated Federal effort to assist in solving a complex, nationwide problem. The Act created the National Center on Child Abuse and Neglect as a focal point for Federal efforts aimed at identifying, treating, and preventing child abuse and neglect. Placement of the National Center in the Children's Bureau emphasized its concern with child welfare and development.

Fortunately over the past several years legislators have been re-examining their laws and many states have changed their laws toward a more CURATIVE, more COMPASSIONATE and more HUMANISTIC APPROACH.[4] There has also been an increasing trend to provide rehabilitative and supportive services to abused and neglected children and their families. When legal involvement is necessary, cases are usually referred to juvenile or family courts rather than to the criminal courts.[5] Criminal penalties do little to help solve the problem. Juvenile and family courts have a wide range of powers and more flexibility in dealing with families.

REASONS FOR ABUSE AND NEGLECT

Originally it was thought that a parent or anyone else who abused a child was "sick." This brought out the first theory with regard to child abuse and neglect. In this theory the abusers - often parents or caretakers - were

considered to be emotionally disturbed and psychiatric treatment was thought to be the proper cure. Today, however, many people are leaning toward a different theory. That is, the majority of people who abuse children are not necessarily emotionally disturbed; they are just plain, ordinary people who are overwhelmed by the complexities of life as we live it today. A minority of the abusers, about five to ten percent, are considered emotionally disturbed.

There is no single reason which totally explains neglect. Like abuse, neglect is a complex process, and there are multiple factors operating in each family situation which alone or together may lead to neglect.

Several factors have been identified as possibly contributing to neglect:

Personality problems and deficiences within the parents.

Differences in child rearing practices.

Isolation of the modern family.

Poverty.

Sometimes the assumption is erroneously made that poverty and neglect are one and the same. It is true that families living in poverty have multiple problems which place heavy burdens on them. These problems make it very difficult to provide the essentials children need on a regular basis. However, this does not automatically mean that a family is neglectful. Polansky has studied child neglect and states that "by most standards, only a small proportion of the poor really neglect their children."[6]

It would probably be more correct to say that poverty places families at greater risk for undesirable events to occur---one of which is neglect. One writer believes that "neglect appears to be a response to social stress. More often than not, the neglectful mother has no husband, is living on a marginal income and in substandard housing, and is responsible for the care of an atypically large family of children."[7]

OCCURRENCE OF ABUSE AND NEGLECT

Child abuse or neglect occurs at all levels of society - from the extremely rich and those in high professional positions to the extremely poor - but it is more often reported in the lower socioeconomic levels. The pressures of unemployment, lack of money, unwanted children, threatened loss of a job---all can produce a state of affairs which can cause a parent or caretaker to lose control and abuse or neglect his or her child.

Usually abuse is directed toward only one child in the family. Roughly one-third of reported cases of abused children are under the age of one year and approximately two-thirds of reported cases of abused children are under the age of five years. The frequency of reported cases of abuse in the school age child increases when school teachers are required to report.

Neglect usually involves all children in a family and extends across every age group. Like abuse, the numbers of confirmed cases of neglect are apt to be gross underestimates of the actual neglect which is occurring. Most professionals feel neglect occurs with much greater frequency than abuse. Estimates of the ratio of neglect to abuse have ranged from ten-to-one to three-to-one.[8]

☆SELF-ASSESSMENT QUIZ: Unit 2

Please answer each question. After you have done this turn the page and check your answers.

1. The original state laws against child abuse and neglect mainly emphasize the PUNISHMENT/REHABILITATION of the parents. (Circle the correct response.)

2. Many of the current laws are intended to PUNISH/HELP families. (Circle the correct response.)

3. If there are three children in a family how many are likely to be abused at one time? (Circle the correct response.)

   A. One

   B. Two

   C. All three

   D. Not possible to say

4. What proportion of abused children are:

   A. Under one year? _____

   B. Under five years? _____

5. T F Poor parents are more likely to neglect their children.

6. T F At the current time most child abusers are felt to be individuals who are unable to cope with life situations.

7. At the current time suspected abuse and neglect cases are most often handled by: (Circle the correct response.)

   A. Social service agencies

   B. Courts of law

8. T F Poverty is the most common factor which causes neglect.

★ SELF-ASSESSMENT QUIZ ANSWERS: Unit 2

1. Punishment
2. Help
3. A. One child
4. A. 1/3
   B. 2/3
5. False - only a small proportion neglect their children.
6. True
7. A. Social service agencies
8. False - several factors contribute to neglect.

If you missed any of the questions re-read this unit before progressing to the next unit.

REFERENCES FOR UNIT 2

1. This unit has been adapted from Ray E. Helfer and C. Henry Kempe, The Battered Child, 2nd ed. (Chicago: University of Chicago Press, 1974); Richard J. Gelles, "Child Abuse as Psychopathology: A Sociological Critique and Reformulation," American Journal of Orthopsychiatry 43(July 1973), pp. 611-621; and Norman A. Polansky, Christine DeSaix, and Sharlin Shlomo, Child Neglect: Understanding and Reaching the Parent: A Guide for Child Welfare Workers (New York: Child Welfare League of America, Inc., 1972); U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Community Services Administration, Profile of Neglect: A Survey of the State of Knowledge of Child Neglect, by Norman A. Polansky, Carolyn Hally, and Nancy F. Polansky (Washington, D.C.: Government Printing Office, 1975), p. 13.

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5. Ibid.

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7. Ibid., p. 11.

8. Ibid., pp. 8-10.

Unit 3

DEFINITIONS OF ABUSE AND NEGLECT

☆ STIMULUS QUIZ

Please answer each question. After you have done this turn the page and check your answers.

1. T F Child abuse means deliberate physical injury to a child.

2 T F It is important to distinguish between abuse and neglect in order to report.

3. What is the most difficult form of individual abuse to identify and define? (Circle the correct response.)

   A. Sexual abuse

   B. Emotional abuse

   C. Physical abuse

4. T F It is difficult to distinguish between abuse and neglect.

5. Actions or inactions of our society which may be detrimental to the growth of children are termed _____.

6. The three categories of abuse are:
   _____
   _____
   _____

★ STIMULUS QUIZ ANSWERS: Unit 3

1. False - child abuse also includes sexual and emotional abuse and results from action and/or inaction of the child's parent or caretaker.
2. False - it is more important to report suspected cases.
3. B. Emotional abuse is less obvious than physical or sexual abuse.
4. True - there is a fine line between abuse and neglect.
5. Societal abuse.
6. Individual, institutional and societal abuse.

FOLLOWING THE COMPLETION OF THIS UNIT YOU SHOULD BE ABLE TO ANSWER THE FOLLOWING QUESTIONS:

- What is the definition of abuse?
- What is the definition of neglect?
- What are the three categories of abuse?
- What are the two types of neglect?
- What are the three types of individual abuse?
- What does the term "institutional abuse" mean?
- What does the term "societal abuse" mean?

UNIT 3

DEFINITIONS OF ABUSE AND NEGLECT

Specific definitions of child abuse and neglect vary from state to state throughout the United States. For example, in some states "neglect" is excluded from the child abuse law. Despite these variations a broad definition of child abuse and neglect is found in the Child Abuse Prevention and Treatment Act, Public Law 93-247, which defines child abuse and neglect as:

> "THE PHYSICAL OR MENTAL INJURY, SEXUAL ABUSE, NEGLIGENT TREATMENT, OR MALTREATMENT OF A CHILD UNDER THE AGE OF EIGHTEEN BY A PERSON WHO IS RESPONSIBLE FOR THE CHILD'S WELFARE UNDER CIRCUMSTANCES WHICH INDICATE THAT THE CHILD'S HEALTH OR WELFARE IS HARMED OR THREATENED THEREBY".[1]

In this definition child abuse and neglect can take many forms. Generally speaking however,

- "ABUSE" refers to acts such as beatings or excessive punishment while
- "NEGLECT" refers to a lack of action such as failure to provide food or emotional care.[2] (In the laws of some states the definition of abuse includes neglect.)

The outline below will help to point out the categories and types of abuse and neglect:

Abuse Categories

- Individual abuse
- Institutional abuse
- Societal abuse

Types of Individual Abuse

- Physical abuse
- Sexual abuse
- Emotional abuse

Types of Neglect

- Physical neglect
- Emotional neglect

ABUSE CATEGORIES

There are three broad categories of child abuse: (1) INDIVIDUAL ABUSE, (2) INSTITUTIONAL ABUSE and (3) SOCIETAL ABUSE.[3]

- INDIVIDUAL ABUSE is the category of abuse and/or neglect with which we in Head Start are most likely to be involved. It is the most familiar as it occurs between the individual child and the parent or caretaker, usually within the family's own home.[4] This type of abuse is usually due to acts such as a blow which produces an injury, or it can be the lack of action such as the denial of necessary medical help which can interfere with the child's normal growth and development. Only individual abuse is consistently defined in state laws.

● INSTITUTIONAL ABUSE refers to acts or the lack of action occurring in institutional settings which fail to provide children with the material and emotional support needed for their development. "Such acts or (lack of action) may originate with an individual employee of an institution, e.g., a teacher, a child care worker, a judge. . . or a social worker. . ." These acts may also be part of the standard practice of an agency or institution.[5] Examples might include inappropriate disciplinary measures, such as long periods in solitary confinement or withholding of food, as well as harsh physical punishment.

● SOCIETAL ABUSE originates in acts or inactions of our society as a whole which may be detrimental to the growth of children. Examples might include the minimal assistance provided to millions of poverty children who are "inadequately nourished, clothed, housed and educated."[6] Other examples would include racism, sexism or governmental inaction which does not insure that the health and welfare of children are protected.

TYPES OF INDIVIDUAL ABUSE

There are three types of individual abuse: (1) physical abuse, (2) sexual abuse and (3) emotional abuse. Not all states include sexual abuse and/or emotional abuse in their laws.

● PHYSICAL ABUSE is the most commonly recognized form of abuse. It refers to the act, or failure to act, by a parent or caretaker that causes some physical injury or some impairment of future growth and development of the

child. Many state laws also use the term "any non-accidental physical injury" in this context.[7]

- SEXUAL ABUSE is a type of physical abuse and ranges from molestation which includes fondling, exposure and masturbation, to intercourse which includes incest and rape.[8,9]

- EMOTIONAL ABUSE is the most difficult type of individual abuse to identify and define. This form of maltreatment includes "the parent's lack of love and proper direction, inability to accept a child with his potentialities as well as his limitations . . . (and) failure to encourage the child's normal development by assurance of love and acceptance."[10] For example, a parent who constantly verbally downgrades a child may be guilty of emotional abuse. The parent who consistently ignores a child might be guilty of emotional neglect.

TYPES OF NEGLECT

As indicated earlier, child neglect is usually defined as a parent's or caretaker's failure to act which impairs the growth of the child. Essentially there are two types of neglect: physical and emotional.

- PHYSICAL NEGLECT refers to the failure to provide adequate food, clothing, medical attention, shelter, care and supervision and protection.[11] Not providing an opportunity for mandatory education as defined by state law

could also be included.

- EMOTIONAL NEGLECT is difficult to differentiate from emotional abuse at times. The terms emotional abuse and emotional neglect are, therefore, often used interchangeably.

From the above definitions of child abuse and neglect one can see how difficult it is to draw a line between the two areas; however,

MOST PROFESSIONALS CONTEND THAT "RECOGNIZING A CHILD'S NEED FOR PROTECTION IS MORE IMPORTANT THAN DETERMINING THE FORM OF MALTREATMENT INVOLVED".[12] THE SIGNIFICANT PROBLEM IS NOT HOW TO CLASSIFY IT, BUT WHETHER OR NOT TO REPORT IT.[13] Reporting procedures will be presented later in this text.

☆ SELF-ASSESSMENT QUIZ: Unit 3

Please answer each question. After you have done this turn the page and check your answers.

1. Generally speaking abuse/neglect refers to acts such as beatings while abuse/neglect refers to a lack of action such as a failure to provide adequate food. (Circle the appropriate words.)

2. What category of abuse are you as a Head Start staff person most likely to encounter? (Circle the correct response.)

   A. Individual

   B. Institutional

   C. Societal

3. What is the most recognized type of abuse? _____

   _____

4. Give at least two examples of physical neglect:

   _____

5. T F Emotional neglect is virtually impossible to clearly differentiate from emotional abuse.

6. Institutional abuse means: _____

   _____

★ SELF-ASSESSMENT QUIZ ANSWERS: Unit 3

1. Abuse circled, neglect circled
2. A. Individual abuse is the most commonly recognized type of abuse.
3. Physical
4. Inadequate food, clothing, shelter, care, supervision and protection
5. True
6. Actions within an institution or organization which are taken or never occur and which deprive children of the basic essentials for their development.

If you missed any of the questions re-read this unit before progressing to the next unit.

REFERENCES FOR UNIT 3

1. U.S. Department of Health, Education, and Welfare, Office of Human Development, Office of Child Development, Children's Bureau, National Center on Child Abuse and Neglect, Child Abuse and Neglect: The Problem and Its Management. Volume 1: An Overview of The Problem (Washington, D.C.: Government Printing Office, 1975), p. 3.
2. Ibid.
3. David Gil, "A Holistic Perspective on Child Abuse and Its Prevention," in Child Abuse: Present and Future, ed. Susan B. Harris (Chicago: National Committee for Prevention of Child Abuse, 1975), pp. 139-143.
4. Ibid., p. 139.

5. Ibid., p. 140.

6. Ibid., p. 143.

7. Iowa. Code of Iowa. Chapter 235 A (1975), pp. 1131-1137.

8. U.S. Department of Health, Education, and Welfare, Child Abuse and Neglect. Volume 1: An Overview, p. 7.

9. Vincent DeFrancis, Protecting the Child Victim of Sex Crimes Committed by Adults. Final Report (Denver: American Humane Association, Children's Division, 1969), p. vii.

10. Robert Mulford, Emotional Neglect of Children: A Challenge to Protective Services (Denver: American Humane Association, Children's Division, n.d.), p. 5, quoted in U.S. Department of Health, Education, and Welfare, Child Abuse and Neglect. Volume 1: An Overview, p. 9.

11. Abraham Levine, "Child Neglect: Reaching the Parent," The Social and Rehabilitation Record 1, no. 7 (July-August 1974), p. 26, quoted in U.S. Department of Health, Education, and Welfare, Child Abuse and Neglect. Volume 1: An Overview, p. 8.

12. U.S. Department of Health, Education, and Welfare, Child Abuse and Neglect. Volume 1: An Overview, p. 4.

13. Ibid.

Unit 4

ABUSIVE AND NEGLECTFUL PATTERNS

☆STIMULUS QUIZ

Please answer each question. After you have done this turn the page and check your answers.

1. The three elements involved in the abusive pattern are:
   1) _____ 2) _____ 3) _____

2. Which of the following characteristics are common to neglectful families? (Circle all correct responses.)
   A. Family confusion, disorganization
   B. Poor communication between members
   C. Personal or health problems of parents
   D. Marked immaturity of parents

3. T F A child may invite abuse in order to get attention.

4. T F A neglected child becomes a neglectful parent.

5. Which of the following children are vulnerable to abuse? (Circle all correct responses.)
   A. Handicapped
   B. Premature
   C. Mentally retarded
   D. Hyperactive

6. What are some of the reasons why it is difficult to identify and deal with neglect? (Circle all correct responses.)
   A. Neglect is not included in some state laws.
   B. Neglect is not as easily recognized as physical abuse.
   C. There is no set rule which measures when child care becomes neglectful.
   D. There is no national standard of child rearing in the United States.

7. T F If one parent abuses a child, the mate is often unaware of what is going on.

8. T F Most abusive parents have unrealistic expectations regarding their children.

9. T F The characteristics of the mother/child relationship in cases of abuse and failure-to-thrive due to neglect are similar.

★STIMULUS QUIZ ANSWERS: Unit 4

1. 1) the abuser 2) the child 3) a crisis
2. All are correct.
3. True
4. True- neglect has a tendency to occur in successive generations.
5. All are correct.
6. All are correct.
7. False - practically always both parents are aware of what is going on.
8. True - the parents expect their child to be advanced far beyond his/her years.
9. True

FOLLOWING THE COMPLETION OF THIS UNIT YOU SHOULD BE ABLE TO ANSWER THE FOLLOWING QUESTIONS:

- Who are the vulnerable children at risk for abuse?
- What are some common characteristics of neglectful families?
- What is the quality of the mother/child relationship in cases of failure-to-thrive due to neglect?
- What expectations do abusers have of their children?
- How is the child viewed by the abuser?
- What are some potential effects of neglect on the child?

- What are some personality characteristics of the abuser?
- What is the likelihood of neglect occurring in successive generations?
- What are some crisis situations which may lead to abuse?
- What are some of the difficulties in identifying and dealing with neglect?
- What elements are involved in the abusive pattern?

UNIT 4

ABUSIVE AND NEGLECTFUL PATTERNS[1]

THE ABUSIVE PATTERN

In many abuse cases there are three elements involved. They are:

THE ABUSER (MOST OFTEN A PARENT OR CARETAKER)
THE ABUSED (A CHILD)
A CRISIS

THE ABUSER - THE PARENT OR CARETAKER

Most abusers, perhaps forty to sixty percent of them, have a history of being abused themselves or at least brought up in strict families. The abusive

parents are often isolated, move from place to place and usually are quite young. Unfortunately, they pick a mate who is no great help to them, often someone who is rather passive. The mate usually knows about and ignores or even participates in the abuse of the child.

The parents often have very unreal expectations of their child. They believe the child was placed on earth in order to satisfy the needs of the parents and not the other way around. It is not unusual for parents to expect a three month old baby to respond to their needs at a particular time. For example, the parent may want to play with the baby but it is either cranky or irritable because it is hungry, wet or colicky. When the child does not respond appropriately the parent becomes upset and angry and may injure the child at that time.

THE ABUSED - THE CHILDREN

Usually there is only one child in the family who is abused. The reason for this is often unknown.

Some children are more vulnerable to abuse than others. Handicapped children have a high incidence of abuse. They may be mentally retarded, cerebral palsied or have some physical abnormality. If you look at any group of abused and neglected children approximately one quarter of them have a history of being "premature." By that we mean they have a birth weight under five and a half pounds. Premature children are much more difficult to care for. They are often very cranky, colicky, poor sleepers and they may be difficult to feed. Adopted children have a higher incidence of abuse as do hyperactive and emotionally disturbed children.

It is important to point out that not all abuse is one-sided. In other words, it is not a beautiful little child and a brutal father or mother. The children may be so difficult to handle that they irritate and aggravate the parent to such an extent that he or she loses control. Often a child may provoke the abuse in order to get attention.

Sometimes a child is not abnormal but is seen by the parents to be stubborn, willful and deliberately aggravating. Perhaps the parents do not understand the child's normal developmental needs or behavior.

THE CRISIS

The third factor is the crisis. This is not the cause, it is just the last straw: it is the trigger. It can be a relatively trivial crisis such as the breakdown of a washing machine. More serious crises might be loss of heat, or the loss of a job. The result, unfortunately, is for the abuser to physically injure the child.

Therefore, although on the surface it would appear that the abuser suddenly loses control and batters the child because of a sudden crisis, the real reasons are much deeper and have to be determined in order to plan an effective treatment program for the family.

THE NEGLECTFUL PATTERN

Although we have labeled this section the neglectful pattern, not enough is known at the current time to talk about a pattern of neglect -

meaning the specific elements involved within a family which may cause neglect to occur. However, information obtained from studying neglectful families has been used to describe characteristics of actual and potentially neglectful families.

Members of neglectful families communicate poorly with each other as well as with other families. In many instances the families are disorganized, unstable, and functioning at a minimum level of ability. A woman may have limited abilities as a mother; families may face multiple problems. In either case any additional stresses and strains - even those common to most young families - may be overwhelming and eventually lead to neglect.

Either parent may have personal or health problems such as alcoholism, drug addiction, an inadequate personality or other mental disabilities. Chances of neglect occurring also appear greater when there is a handicapped child, a young teenage parent, a single parent family or a past history of chronic delinquency or failure-to-thrive in an infant due to neglect.

Many parents who have neglected their children have been very immature - "they are dependent, unable to carry continuing responsibility, lack adequate inner controls, have poor or distorted judgment - characteristics we associate with failure to mature."[2] The parents act like children instead of parents and want their own needs met first, before meeting the needs of their children.

There are problems in the relationship between mother and child - an inability to establish a loving, caring and close feeling of attachment to a newborn baby. This poor relationship continues as the child grows older and is repeated with additional children. The mother-child relationship in failure-to-thrive due to neglect is very similar to that of the abusive parent. Failure-to-thrive

due to neglect (not due to an illness or abnormality) is described as an inability of an infant or toddler to gain height and weight at an acceptable rate of increase because of inadequate or inappropriate diet and care.

Neglect and family disorganization have also been found to occur frequently with successive generations, suggesting that earlier hardships and experiences may have a negative effect on individuals and leave them less able to function adequately as a parent.

As far as the child is concerned, the effects of neglect may produce a youngster who "is more likely to be physically deficient, intellectually at a disadvantage, and emotionally aloof, anxious, and chronically depressed - but prone to become aggressive and commit antisocial acts, some of which are dramatically brutal."[3]

Part of the difficulty in identifying and dealing with neglect is that it can appear in many forms. There is no established rule which measures the exact point at which a child is not receiving a minimal level of care. In most communities neglect is legally defined by local courts and the minimum level of acceptable care will depend on the community pattern of child rearing.

SOME CHARACTERISTICS SUGGESTIVE OF VARIOUS TYPES OF NEGLECT ARE LISTED BELOW:

A. Abandonment

- Children who are left alone totally or for long periods of time.

B. Lack of supervision

- Children who are inadequately supervised for long periods of time or who engage in dangerous activities.
- Children left in the care of other children too young to protect them.

C. Lack of adequate clothing and good hygiene

- Children dressed inadequately for the weather or suffer persistent illnesses like pneumonia or frostbite or sunburn that are associated with excessive exposure.
- Severe diaper rash or other persistent skin disorders resulting from improper hygiene.
- Children who are chronically dirty and unbathed.

D. Lack of medical or dental care

- Children whose needs for medical care or medication and health aids are unmet.

E. Lack of adequate education

- Children who are chronically absent from school.

F. Lack of adequate nutrition

- Children lacking sufficient quantity or quality of food.
- Children who consistently complain of hunger or rummage for food.
- Children who suffer developmental lags.

G. Lack of adequate shelter

- Structurally unsafe housing or exposed wiring.
- Inadequate heating.
- Unsanitary housing conditions.[4]

Additional characteristics suggestive of neglected children and their families can be found in Unit 5 - Characteristics of Abuse and Neglect.

☆SELF-ASSESSMENT QUIZ: Unit 4

Please answer each question. After you have done this turn the page and check your answers.

1. T F Normal children are "at risk" for abuse, particularly if seen as stubborn or aggravating to the parent or caretaker.

2. T F Some children deliberately provoke abuse.

3. Name three characteristics of abusive parents.

   _____

   _____

   _____

4. Potential effects of neglect on a child's development include: (Circle all correct responses.)

   A. Physical defects

   B. Antisocial behavior

   C. Emotional problems

   D. Learning problems

5. T F Families in which abuse or neglect occurs usually participate in community activities outside of the home.

6. T F Members of neglectful families communicate poorly among themselves and with other families.

7. T F Neglectful families are disorganized.

8. T F Abusive parents are not usually demanding of their children.

9. Which of the following characteristics describe the mate of an abusive parent? (Circle all correct responses.)

   A. The mate offers little help to the abuser.

   B. The mate could also be abusing the child.

   C. He or she usually has a passive personality.

   D. He or she could be aware the abuse is occurring but ignores it.

10. Name two crisis situations which might produce abusive incidents. _____

_____

11. T F Neglectful families are sensitive to the needs of their children.

12. T F Neglectful families have more difficulty coping with multiple stresses than most families.

★SELF-ASSESSMENT QUIZ ANSWERS: Unit 4

1. True

2. True

3. 1) History of abuse
   2) Strict discipline in childhood
   3) Isolation
   4) Frequent change of homes
   5) Young in age

4. All are correct.

5. False - families do not usually participate in community or other activities.

6. True

7. True

8. False - abusive parents usually are unrealistic in their demands.

9. All are correct.

10. 1) Breakdown of appliance
    2) Loss of job
    3) Loss of heat

11. False - neglectful parents usually pay more attention to their own needs.

12. True

If you missed any of the questions re-read this unit before progressing to the next unit.

REFERENCES FOR UNIT 4

1. This unit has been adapted from Ray E. Helfer and C. Henry Kempe, The Battered Child, 1st and 2nd eds. (Chicago: University of Chicago Press, 1968, 1974); U.S. Department of Health, Education, and Welfare, Office of Human Development, Office of Child Development, Children's Bureau, National Center on Child Abuse and Neglect, Child Abuse and Neglect: The Diagnostic Process and Treatment Programs. (Washington, D.C.,: Government Printing Office, 1975); C. Henry Kempe, "Paediatric Implications of the Battered Baby Syndrome," Archives of Disease in Childhood 46(1971), pp. 28-37; and Norman A. Polansky, Christine DeSaix, and Sharlin Shlomo, Child Neglect: Understanding and Reaching the Parent: A Guide for Child Welfare Workers. (New York: Child Welfare League of America, Inc., 1972); U.S. Department of Health, Education, and Welfare, Social and Rehabilitative Service, Community Service Administration, Profile of Neglect: A Survey of the State of Knowledge of Child Neglect, by Norman A. Polansky, Carolyn Hally, and Nancy F. Polansky, (Washington, D.C.: Government Printing Office, 1975).

2. U.S. Department of Health, Education, and Welfare, Profile of Neglect: A Survey of the State of Knowledge of Child Neglect, p. 17.

3. Ibid., p. 32.

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Unit 5

CHARACTERISTICS OF ABUSE AND NEGLECT

☆ STIMULUS QUIZ

Please answer each question. After you have done this turn the page and check your answers.

1. Abusers have been found to: (Circle all correct responses.)

   A. Distrust people.

   B. Have been abused or neglected as children.

   C. Be reluctant to give information.

   D. Have few f iends.

2. Characteristics suggestive of abusive or neglectful parents or caretakers include: (Circle all correct responses.)

   A. Frequent absences from school activities.

   B. Lack of close friendships.

   C. A history of using drugs or alcohol.

   D. A reputation for irrational behavior.

3. T F A parent or child's behavior may suggest abuse or neglect even without visible injury.

4. T F The child is likely to tell you who injured him.

5. T F If a child has a minor injury and there are some behavioral characteristics suggestive of abuse or neglect shown by the child and/or parents, the case should be reported.

6. T F A report of suspected neglect should be made on a child who comes to school dirty.

7. T F Abused children may shy away from physical contact with an adult.

8. Name three locations on the body where accidental bruising would be unlikely to occur.

_____

_____

_____

9. T F Broken bones are the most common injury in child abuse.

10. T F Bruising on the backs of the legs is most likely to be accidental.

11. T F Behavioral characteristics suggestive of abuse or neglect shown by children and/or parents should be quite obvious before a case is reported.

★ STIMULUS QUIZ ANSWERS: Unit 5

1. All are correct.
2. All are correct.
3. True
4. False - the child most often protects the identity of his/her abuser.
5. True
6. False - more information would be needed.
7. True
8. 1) Back
   2) Thighs
   3) Buttocks
   4) Face
   5) Backs of legs
9. False - bruises are the most common injury.
10. False - accidental bruising is most likely to be found on the elbows, knees, shins or forehead.
11. True

FOLLOWING COMPLETION OF THIS UNIT YOU SHOULD BE ABLE TO ANSWER THE FOLLOWING QUESTIONS:

- What are some behavioral characteristics of abusive or neglectful parents?
- What are some behavioral characteristics of children who are abused or neglected?

- What are the most common types of injury?
- What are some instruments commonly used to inflict abuse?
- Why is it important to note the location, the appearance and the frequency of injuries?
- What is the significance between the reported history of the injury and the injury as actually observed?
- Who should you contact if you see a child with an injury?
- What action is necessary if there are behavioral characteristics but no physical signs of injury?

UNIT 5

CHARACTERISTICS OF ABUSE AND NEGLECT[1]

It is important for all Head Start personnel to be able to recognize the characteristics of abuse and neglect. Unless this can be done, the help which parents and children may need cannot be offered.

There are many articles and books which list the characteristics (or indicators) suggestive of abused and neglected children and their families. In becoming familiar with these characteristics it may be helpful to sort them into two general groups:

1. CHARACTERISTICS RELATED TO THE OBSERVABLE BEHAVIOR AND PHYSICAL APPEARANCE OF THE CHILD.

   For example, abused or neglected children may seem fearful of their parents, be uneasy about physical contact with an

adult, or be frequently tardy or absent from school. They may have actual bruises or welts, be inappropriately dressed for weather conditions, or show extreme behavior changes.

2. BEHAVIOR CHARACTERISTICS WHICH ARE EXHIBITED BY THE PARENTS OR CARETAKERS.

For example, parents may have little involvement in their child's school activities, give inappropriate responses to their child's condition, or demonstrate little understanding of their child's developmental level.

WHAT MIGHT AN ABUSED OR NEGLECTED CHILD LOOK LIKE OR DO?

Abused or neglected children are likely to share at least several of the following characteristics:

- They appear to be different from other children in physical or emotional makeup, or their parents inappropriately describe them as being "different" or "bad."
- They seem unduly afraid of their parents.
- They may often bear welts, bruises, untreated sores, or other skin injuries.
- Their injuries seem to be inadequately treated.
- They show evidence of overall poor care.
- They are given inappropriate food, drink, or medication.

- They exhibit behavioral extremes: for example, crying often, or crying very little and showing no real expectation of being comforted; being excessively fearful, or seeming fearless of adult authority; being unusually aggressive or destructive, or extremely passive and withdrawn.

- Some are wary of physical contact, especially when it is initiated by an adult; they become apprehensive when an adult approaches another child; particularly one who is crying. Others are inappropriately hungry for affection, yet may have difficulty relating to children and adults. Based on their past experiences, these children cannot risk getting too close to others.

- They may exhibit a sudden change in behavior: for example, displaying regressive behavior -- pants-wetting, thumb-sucking, frequent whining; becoming disruptive; or becoming uncommonly shy and passive.

- They take over the role of the parent, being protective or otherwise attempting to take care of the parent's needs.

- They have learning problems that cannot be diagnosed. If a child's academic, IQ, and medical tests indicate no abnormalities but still the child cannot meet normal expectations, the answer may well be problems in the home -- one of which might be abuse and neglect. Particular attention should be given to the child whose attention wanders and who easily becomes self-absorbed.

- They are habitually truant or late to school. Frequent or prolonged absences sometimes result when a parent keeps an injured child at home until the evidence of abuse disappears. In other cases, truancy indicates lack of parental concern or ability to regulate the child's schedule.

- In some cases, they frequently arrive at school too early and remain after classes rather than going home.

- They are always tired and often sleep in class.

- They are inappropriately dressed for the weather. Children who never have coats or shoes in cold weather are receiving subminimal care. On the other hand, those who regularly wear long sleeves or high necklines on hot days may be dressed to hide bruises, burns, or other marks of abuse.

WHAT ARE SOME POSSIBLE CHARACTERISTICS OF ABUSIVE OR NEGLECTFUL PARENTS OR CARETAKERS?

- They are isolated from family supports such as friends, relatives, neighbors, and community groups; they consistently fail to keep appointments, discourage social contact, and never participate in school activities or events.
- They seem to trust no one.
- They themselves were abused or neglected as children.
- They are reluctant to give information about the child's injuries or condition. When questioned, they are unable to explain, or they offer far-fetched or contradictory explanations.
- They respond inappropriately to the seriousness of the child's condition: either by overreacting, seeming hostile or antagonistic when questioned even casually; or by under-reacting, showing little concern or awareness and seeming more preoccupied with their own problems than those of the child.
- They refuse to consent to diagnostic studies.
- They fail or delay to take the child for medical care -- for routine checkups, for optometric or dental care, or for treatment of injury or illness. In taking an injured child for medical care, they may choose a different hospital or doctor each time.
- They are overcritical of the child and seldom if ever discuss the child in positive terms.
- They have unrealistic expectations of the child, expecting or demanding behavior that is beyond the child's years or ability.
- They believe in the necessity of harsh punishment for children.
- They seldom touch or look at the child; they ignore the child's crying or react with impatience.

- They keep the child confined -- perhaps in a crib or playpen -- for overlong periods of time.
- They seem to lack understanding of children's physical, emotional, and psychological needs.
- They appear to be misusing alcohol or drugs.
- They cannot be located.
- They appear to lack control, or fear losing control.
- They are of borderline intelligence, psychotic, or psychopathic. While such diagnoses are the responsibility of a psychiatrist, psychologist, or psychiatric social worker, even the lay observer can note whether the parent seems intellectually capable of child-rearing, exhibits generally irrational behavior, or seems excessively cruel and sadistic.[3]

WHAT PHYSICAL INJURIES ARE MOST LIKELY TO OCCUR?

You might wonder which types of injuries Head Start staff are most apt to see. Some studies have shown that the most common types of physical abuse injuries are bruises, welts, scars, fractured bones and burns. Lacerations and abrasions may also occur frequently.[4-9] However, bruises by far are the most common.

- BRUISES are injuries in which there is no breakage of the skin. The small blood vessels beneath the skin break and blood leaks into the tissue. The bruise also changes color over time. Initially bruises are blue to purple and over a period of time they change to yellow. It is very difficult to determine the exact age of a bruise. (See picture of Bruises.)

- WELTS are ridges or lumps on the body usually caused by a blow.

- SCARS are marks on the body which are the result of the healing of a wound. (See picture of Scars.)

- FRACTURED BONES are broken bones which may or may not be observed by the average non-medical person.

- BURNS may cause redness, blistering or even peeling of the skin. (See picture of Burns.)

- LACERATIONS are torn and ragged cuts.

- ABRASIONS are injuries in which the outer layers of the skin are scraped or worn away. (See picture of Abrasions.) [10]

Any of the above injuries could be the result of accidental injury as well as abuse. Accidents are a leading cause of injury and even death for children of all age groups. How do you determine whether an injury was accidental or caused by abuse?

Unfortunately there are no hard and fast rules; however, there are some guidelines which can assist you in determining whether or not to report. The guidelines include things to look for when observing injuries and when determining how the injuries occurred.

WHAT DO I LOOK FOR?

(Guidelines for Observing Injuries)

- WHERE ARE THE INJURIES LOCATED? IS THIS TYPE OF INJURY WHAT ONE WOULD NORMALLY EXPECT FOR THE CHILD'S PARTICULAR AGE GROUP?

  For example, bruises on a preschool aged child which are found on the elbows, knees, or shins, even on the forehead, would be considered normal for the age group in most circumstances. If these bruises were found on the back, genital area, thighs, buttocks, face or the backs of the legs, one should be suspicious. (See pictures under Location of Injuries.)

- HOW MANY INJURIES DOES THE CHILD HAVE? ARE THERE SEVERAL INJURIES OCCURRING AT ONE TIME? OR HAVE THERE BEEN SEVERAL INJURIES OVER A PERIOD OF TIME?

  The greater the number of injuries, the more likely abuse could have occurred, although this is not a rigid rule. In the same manner, the presence of many injuries which are at various stages of healing could indicate repeated injury. (See picture of Multiple Injuries.)

● WHAT IS THE SIZE AND SHAPE OF THE INJURY?

Many injuries are inflicted by familiar objects -- sticks, boards, a hair brush or belt. For example, a stick or rope could cause a bruise in a straight line. A bruise might also resemble the shape of a belt buckle, a looped electric wire or a hair brush. A small round burn could have been caused by a cigarette or cigarette lighter. Occasionally in a small child the lips may be bruised and infected or there may be a chipped tooth. This might have been due to forced feeding on the part of a frustrated parent. (See remaining pictures.)

WHAT KIND OF QUESTIONS DO I ASK?

(Guidelines for Determining How the Injury Occurred)

If an injury is accidental, there should be some reasonable relationship between how the injury happened and the severity, type and location of the injury. One should become suspicious when the history of how the injury happened and the appearance of the injury do not seem to be related. For example, could a fall on the head produce bruises all over the body? Could a child who "accidentally stepped into a scalding hot bath" have burns on the buttocks but not on the feet? In addition, is it reasonable to expect this situation to have occurred given the age of the child?

Bruises

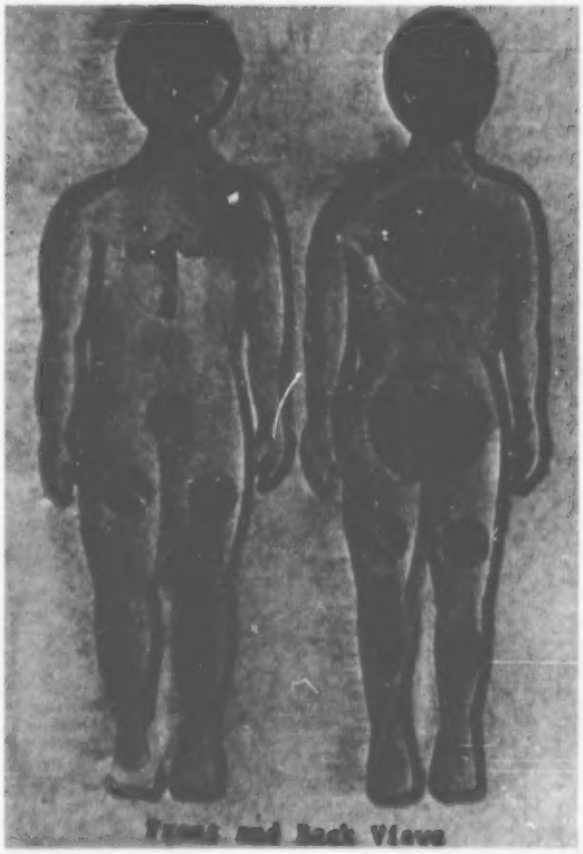
Scars

Burns

Abrasions

Location of Injuries

Normal Bruising Areas



Suspicious Bruising Areas

Multiple Injuries:
Various Stages of Healing

Belt Buckle

Looped Electric Wire

Bruised and Infected Lips

Cigarette Lighter

Cigarette Burn

WHAT ACTION SHOULD I TAKE IF I SEE A CHILD WITH AN INJURY?

The most apparent need is to get the child to a source of medical care if his or her condition appears to need immediate attention. Contact your Head Start nurse and ask her to examine the child.

When any child has a physical injury you should simply ask the child how the injury occurred. If the child's explanation seems incompatable with the type, location and shape of the injury you should not press the child for additional information. It is unlikely he will be truthful anyway in order to protect the abuser. You should also be aware of the fact that further questioning may put him at risk. He might tell his parent about the questioning and this could possibly cause another abusive episode to occur.

Do not undress the child to look for additional injuries. This is illegal unless it is part of your professional duties or responsibilities. Pay attention only to those injuries you can see or the child voluntarily shows you. The nurse should examine the child fully.

IF THERE IS SUFFICIENT REASON TO SUSPECT ABUSE HAS OCCURRED IT SHOULD BE REPORTED. Whether the parents should be contacted before the report is made is a decision which needs to be determined by your own staff and the protective service worker. AS INDICATED EARLIER, IT IS OF CRITICAL IMPORTANCE FOR YOUR STAFF AND THE PROTECTIVE SERVICE AGENCY TO DETERMINE WHAT EACH MUST DO.

WHAT ACTION SHOULD I TAKE IF I SEE A CHILD OR PARENT WHO APPEARS TO HAVE BEHAVIORAL CHARACTERISTICS SUGGESTIVE OF ABUSE AND/OR NEGLECT?

Behavioral characteristics of a child or parent suggestive of abuse and neglect are difficult to evaluate unless accompanied by some type of physical injury.

If the injury is severe the behavioral characteristics are not that important in arriving at a decision to report. However, if the injury is slight, the characteristics of the behavior of both child and parent as described at the beginning of this unit should be carefully considered. If present, the case should be reported.

Where there is no injury, but the behavior of the child and/or parent fits some of the characteristics previously outlined, further observation is necessary. Gentle questioning may reveal frustrations on the part of the parents in handling the child, or, rarely, confessions by the child of being ill-treated. This would suggest further observation of the family and offers from Head Start personnel to be of help wherever possible.

WITHOUT INJURIES, CHARACTERISTICS SUGGESTIVE OF CHILD ABUSE AND NEGLECT MUST BE QUITE OBVIOUS BEFORE THE CASE SHOULD BE REPORTED. Remember, you do not always have to report a family in order to obtain help for them. You can help them yourself or refer them to a community agency to obtain the necessary services. Prevention is the name of the game, and it is better to intervene before an injury is committed rather than after.

☆ SELF-ASSESSMENT QUIZ: Unit 5

Please answer each question. After you have done this turn the page and check your answers.

1. The most common type of physical injury is _____.

2. Name two common objects used to inflict injury.

   _____

   _____

3. Name two areas of the body where bruising could be accidental.

   _____

   _____

4. Injuries to the _____ or _____ can occur in a child who is a difficult feeder.

5. A child could not have "accidentally stepped into a scalding hot bath" if his _____ were not burned.

6. The Head Start _____ should be contacted if a child has a physical injury.

7. What is the most appropriate action if there are some behavioral characteristics suggestive of abuse or neglect shown by a parent or child but there are no signs of physical injury?

   A. The case should be reported.

   B. Someone should talk with the parents.

8. T F Some characteristics suggestive of abuse or neglect can be noted during an interaction between a parent and child.

9. T F Neglectful parents maintain regular contact with their child's school.

10. T F Abused children, when asked, will usually name their abuser.

11. T F Neglectful parents usually seek immediate medical care for their children's health needs.

12. T F Neglectful parents usually have personality problems.

13. Abused children may: (Circle all correct responses.)

    A. Be unduly afraid of their parents.

    B. Show evidence of poor overall care.

    C. Be wary of physical contact.

    D. Assume the role of the parent.

14. Neglected children have been found to be: (Circle all correct responses.)

    A. Delayed in development

    B. In need of medical care

    C. Unusually aggressive

    D. Extremely passive

★ SELF-ASSESSMENT QUIZ ANSWERS: Unit 5

1. Bruising

2. Any of these answers are correct.
   1) Stick
   2) Board
   3) Belt
   4) Brush
   5) Rope
   6) Cigarette/cigarette lighter

3. Any of these answers are correct.
   1) Elbows
   2) Knees
   3) Shins
   4) Forehead

4. Teeth -- lip

5. Feet

6. Nurse

7. B - Someone should talk with the parents.

8. True

9. False - they usually have little contact with the school.

10. False - rarely will a child name his/her abuser.

11. False - they usually put it off.

12. True

13. All are correct.

14. All are correct.

If you missed any of the questions re-read this unit before progressing to the next unit.

REFERENCES FOR UNIT 5

1. This unit has been adapted from U.S. Department of Health, Education, and Welfare, Office of Human Development, Office of Child Development, Children's Bureau, National Center on Child Abuse and Neglect, Child Abuse and Neglect: The Problem and Its Management. Volume 1: An Overview of the Problem. Volume 2: The Roles and Responsibilities of Professionals (Washington, D.C.: Government Printing Office, 1975); Urban and Rural Systems Associates, Materials from Training Conference On Diagnosing and Treating Child Abuse and Neglect, Kansas City, Missouri, March 8-12, 1976; C. Henry Kempe, "Paediatric Implications of The Battered Baby Syndrome," Archives of Disease in Childhood 46 (1971), pp. 28-37.

2. U.S. Department of Health, Education, and Welfare, Child Abuse and Neglect. Volume 1: An Overview, pp. 4-7.

3. Ibid.

4. Joseph Grungard, "The Battered Child Syndrome," Medical Science (March 1964), pp. 82-91.

5. William Ireland, "A Registry on Child Abuse," Children 13, no. 3 (May-June 1966), pp. 113-115.

6. Betty Johnson and Harold Morse, "Injured Children and Their Parents," Children 15, no. 4 (July-August 1968), pp. 147-152.

7. Carol Morse, et al., "A Three-Year Follow-Up Study of Abused and Neglected Children," American Journal of Diseases of Children 120 (November 1970), pp. 439-446.

8. James O'Neill, et al., "Patterns of injury in the Battered Child Syndrome," The Journal of Trauma 13, no. 4 (April 1973), pp. 332-339.

9. David Gil, Violence Against Children: Physical Child Abuse in the United States (Cambridge: Harvard University Press, 1973), pp. 118-119.

10. Webster's New Collegiate Dictionary, s.v., "abrasions," "bruises," "lacerations," "scars," "welts."

Unit 6

REPORTING OF ABUSE AND NEGLECT

☆ STIMULUS QUIZ

Please answer each question. After you have done this turn the page and check your answers.

1. T F The term "immunity" in child abuse means your identity will not be revealed if you report.

2. T F The primary purpose of child abuse and neglect laws is to apprehend an abuser.

3. T F Early reporting of abuse and neglect is encouraged in order to remove the child from the home.

4. T F A report is incomplete if it does not identify the name of an abuser.

5. T F Concrete evidence of abuse or neglect must be available before a report should be made.

6. T F The success of a Head Start program for abused and neglected children is directly related to the relationship with the local department of social services.

7. T F An anonymous report of abuse or neglect cannot be investigated.

8. Good working relationships between Head Start and legal agencies can help to: (Circle all correct responses.)

   A. Comply with national Head Start policy

   B. Comply with the state reporting statute

   C. Understand each other's roles

   D. Identify appropriate contact persons

   E. Protect abused and neglected children

★STIMULUS QUIZ ANSWERS: Unit 6

1. False - immunity means you are protected against criminal or civil suit for reporting.
2. False - the primary purpose is the protection of the child.
3. False - early reporting is encouraged to get help to the family.
4. False - often the identity of the abuser is unknown.
5. False - there is no need to have concrete evidence; only reasonable suspicion.
6. True
7. False - they are still investigated.
8. All are correct.

FOLLOWING THE COMPLETION OF THIS UNIT YOU SHOULD BE ABLE TO ANSWER THE FOLLOWING QUESTIONS:

- What information should be included when a report is made?
- To whom is the report made?
- What happens if you suspect abuse or neglect, do not report it, and the child is abused again?
- What does the term "mandatory reporter" mean?
- What does the term "permissive reporter" mean?
- Why should reports be made when abuse or neglect is first suspected?

- What is the primary intent of any state law?
- What does the term "immunity" mean?
- Why do some people not report suspected abuse and neglect?
- Why is it important to establish a good working relationship with local agencies?

UNIT 6

REPORTING OF ABUSE AND NEGLECT[1]

The most significant part of child abuse and neglect laws which concern us deals with reporting suspected cases. There is much variation in the reporting laws between each state with respect to (1) abuse and neglect conditions which are to be reported, and (2) those persons who are required to report suspect cases.

You must know your own state law and the provisions in it in order to be fully aware of what you have to do and what your attitude is toward the law. The whole idea of an effective program for child abuse and neglect depends on the attitude of the people who are trying to comply with that law.

We will examine some general features of child abuse and neglect laws. The purpose and policy of these laws are to encourage reporting, and therefore:

To protect the child
To initiate prompt investigation
To provide rehabilitative service
To keep the family intact
(Not to prosecute parents)

The first and the primary thrust of any law should be the PROTECTION OF THE CHILD. The second is the ENCOURAGEMENT OF REPORTING. We believe in reporting and even over-reporting. Why? Because we look on the law as a helping tool which will allow the professional to enter the situation early before any major injury has taken place or before a family has been torn apart by all the emotional turmoil that occurs when a case is reported. There should be no hesitation in reporting cases early, because it is not the intent of the law to remove the child from the home unless the child is in danger. On the contrary, after reporting there should be a PROMPT AND VIGOROUS INVESTIGATION of the circumstances which led to the alleged abuse or neglect by the responsible public agency. Thirdly comes the provision of REHABILITATIVE SERVICES TO THE FAMILY, and lastly, a very important aspect of the law - to KEEP THE FAMILY INTACT. This can be done in most instances with an appropriate treatment program. In other words, if you believe that the law is on the books in order to get help to a family, then you will report and you will report early. You will also get across to the family that you are there to help.

IMMUNITY

A reporter is IMMUNE (in other words, protected) from civil or criminal liability if the report is rendered in good faith. The phrase "IN GOOD FAITH" means there is no spiteful intent on the part of the reporter. At the current time all states have an immunity clause in their law.

Immunity does not necessarily mean anonymity for either a mandatory or a permissive reporter. If you do not give your name when you report, the case will still be investigated and obviously anonymity will be maintained. If you do identify yourself when you report, your name may have to be revealed although the social service and legal authorities make every attempt to maintain confidentiality.

MANDATORY AND PERMISSIVE REPORTERS

Most laws define who must report. Some of them are MANDATORY, some of them are PERMISSIVE (voluntary). In the state of Iowa, for example, there are listed a number of health practitioners who must report (physicians, osteopaths, dentists, optometrists, podiatrists, chiropractors, registered and licensed practical nurses). There are also social workers, psychologists, certified school employees, employees of licensed day care facilities and others who must report according to the Iowa law. Anyone else may report; these individuals are called PERMISSIVE REPORTERS.

REPORTING PROCEDURES

There are many provisions and procedures in the law of how you go about reporting. The reporting procedure will also vary from state to state. LOCAL OR STATE DEPARTMENTS OF SOCIAL SERVICES AND/OR LAW ENFORCEMENT AGENCIES ARE THE USUAL TYPES OF AGENCIES WHICH ARE DESIGNATED BY LAW TO RECEIVE REPORTS. In most states reports are made orally as soon as abuse is suspected and followed by a written report within a specified time period. Reports in Iowa, for example, are made orally to the local county department of social services and followed in writing within forty-eight hours.

INFORMATION FOR THE REPORT

The state law will outline information to be included in the report. In general, the report should contain sufficient information regarding:

1) the identity of the child and his/her parents or caretaker,
2) the nature of the injury,
3) previous injuries,
4) the status of other children currently living in the home,
5) the present location of the child.

The report should also contain any other information related to the cause of the injuries and the identity of the person responsible for the injuries.

REASONS FOR NON-REPORTING

There are many reasons why individuals, both professional workers and the general public, do not report. These reasons may include lack of knowledge regarding signs and symptoms of abuse and neglect, the belief that there are inadequate or imcomplete diagnostic and treatment facilities in the community, or a reluctance to become involved, particularly in court proceedings. Professionals who are classified by law as mandatory reporters many times do not report because they are not familiar with abuse and neglect or their legal reporting responsibilities.[2]

SANCTIONS

In many states there are SANCTIONS (PENALTIES) if abuse or neglect is suspected but not reported. The sanctions are usually classified as a misdemeanor which carries a fine and/or imprisonment for varying lengths of time. In a few states, including Iowa, individuals who suspect child abuse but do not report it are civilly liable for damages caused by such failure. This means that if a mandatory reporter sees a child on Monday whom he/she suspects has been abused but does not report it and if the child is injured by abuse on Wednesday, then the reporter can be financially liable for all the future care of that child if the injuries are severe. This is based, on an article from Time magazine (November 20, 1972, page 74) in which a case in California was sett'ed out of court for $600,000.[3]

IT IS ESSENTIAL THAT YOU READ THE LAW IN ITS ENTIRETY FOR YOUR STATE; THAT YOU DETERMINE IF YOU ARE A MANDATORY OR A PERMISSIVE REPORTER; THAT YOU KNOW ALL THE PROPER REPORTING PROCEDURES; AND FOR YOUR OWN BENEFIT, IT IS EXTREMELY WISE TO KNOW WHAT THE SANCTIONS ARE -- WHAT PENALTIES YOU WILL INCUR -- IF YOU DO NOT REPORT.

WORK WITH LOCAL AGENCIES

As previously mentioned, the Head Start policy regarding child abuse and neglect states that Head Start programs will work with local agencies who have legal responsibility for dealing with abuse and neglect.

THE KEY TO EFFECTIVE REPORTING AND APPROPRIATE ACTION REGARDING ABUSED AND NEGLECTED CHILDREN AND THEIR FAMILIES IS THE NATURE OF THE WORKING RELATIONSHIP WHICH EXISTS BETWEEN THE HEAD START PROGRAM AND THE DEPARTMENT OF SOCIAL SERVICES AT THE LOCAL LEVEL.

It is essential that each organization understand not only its own but each other's role. Contact persons in both areas should be identified in order to handle unexpected situations or emergencies which occur. The best time to establish or strengthen relationships between local Head Start programs and departments of social services is before the next report of suspected abuse or neglect has to be made.

There are some areas which require mutual discussion and decision-making between Head Start and the local department of social services. Two of the most crucial areas involve (1) the reporting procedure from within Head Start to the department of social services and, (2) the extent of interviewing which should be done with the child and the parent prior to making a report. Suggested questions for discussion are listed below:

- Once a teacher suspects possible abuse or neglect, with whom should he or she consult before a report is made? Must this consultation remain in the local Head Start Center, (e.g. nurse, social worker and director), or can the Head Start Center contact the investigative agency?
- If abuse or neglect is suspected, to what extent should the child be interviewed prior to making a report?
- Is an explanation of the injury sought from the parents before a report is made?
- Following a report, what immediate measures should be taken for the protection of the child?
- Who should assume responsibility for care of the child during the interim period once a report has been made but prior to the investigation?
- Are there any other areas of mutual concern?

IN SUMMARY, COOPERATION BETWEEN THE LOCAL HEAD START PROGRAM AND THE APPROPRIATE DEPARTMENT OF SOCIAL SERVICES IS CRITICAL. ONLY THROUGH MUTUAL DISCUSSION AND DECISION-MAKING CAN THE REPORTING PROCEDURES BE ESTABLISHED SO THAT EACH AGENCY COMPLIES TO THE FULLEST WITH THE LAW AND AT THE SAME TIME AFFORD THE GREATEST CARE TO THE CHILD AND FAMILY.

☆ SELF-ASSESSMENT QUIZ: Unit 6

Please answer each question. After you have done this turn the page and check your answers.

1. The primary purpose of any child abuse and neglect law is to _____ the child.

2. T F Two important reasons why people do not report are their attitude and their lack of information concerning abuse and neglect.

3. Which of the following information should be included when you report a suspected case of abuse or neglect? (Circle all correct responses.)

   A. Identity and location of the child and parents or caretaker

   B. Current injuries

   C. Past injuries

   D. Status of other children

4. If you suspect abuse or neglect but do not report you are subject to _____ in many states.

5. The term "immunity" as applied to child abuse and neglect law means: (Circle the correct response.)

   A. Your identity as a reporter will remain unknown.

   B. You will be protected from criminal or civil liability.

   C. You have been inoculated against a specific childhood disease.

6. The term "mandatory reporter" appears in state laws concerning child abuse and neglect. What does the term mean?

   _____

7. A "permissive reporter" is a person who _____

_____

8. What types of agencies usually have legal responsibility for receiving abuse and neglect reports? (Circle all correct responses.)

   A. State education agencies

   B. State health departments

   C. Local or state departments of social services

   D. Law enforcement agencies

★ SELF-ASSESSMENT QUIZ ANSWERS: Unit 6

1. Protect
2. True
3. All of the above
4. Sanctions (penalties)
5. B. You will be protected from criminal or civil liability.
6. A person who is required by law to report suspected abuse or neglect.
7. May report suspected abuse or neglect but is not required by law to do so.
8. C. Local or state departments of social service
   D. Law enforcement agencies

If you missed any of the questions re-read this unit before progressing to the next unit.

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Unit 7

TREATMENT OF ABUSE AND NEGLECT

☆ STIMULUS QUIZ

Please answer each question. After you have done this turn the page and check your answers.

1. T F Most of the cases of abuse and neglect involve severe injury.

2. T F Foster care is usually better for the abused child than remaining in the home.

3. T F Mild case of child abuse and neglect should be reported.

4. T F Most abused children are permanently removed from their families.

5. What should be the top priority of any treatment program?

   _____

6. What are two treatment goals?

   1. _____

   2. _____

7. T F There is one standardized program of treatment for families in which child abuse and/or neglect has occurred.

8. Name two types of treatment services available to the family.

   1. _____

   2. _____

★STIMULUS QUIZ ANSWERS: Unit 7

1. False - severe cases account for ten percent or less of reported cases.

2. False - in most cases there is no necessity to remove the abused child from his/her home.

3. True - all suspected cases of child abuse and neglect should be reported.

4. False - the trend now is to keep the child in the home under protective supervision where possible.

5. Protection of the child - the safety of the child is the most basic priority of treatment programs.

6. Keep the family together. Help parents to find and use more beneficial parenting approaches.

7. False - all families are unique and require individualized treatment services.

8. Emergency homemaker
   Parent-aide
   Crisis nursery
   Therapeutic preschool
   Parents Anonymous
   Counseling or therapy
   Foster care

FOLLOWING THE COMPLETION OF THIS UNIT YOU SHOULD BE ABLE TO ANSWER THE FOLLOWING QUESTIONS:

- What is Parents Anonymous?
- Why may the punishment method be an inappropriate form of therapy?
- What are treatment goals for abused children and their families?
- What treatment services are available for the family?
- What happens if treatment fails?

Unit 7

TREATMENT OF ABUSE AND NEGLECT

PUNISHMENT VERSUS TREATMENT

Persons dealing with their first cases of child abuse and neglect often experience common emotional reactions. These range from disbelief that parents could mistreat their children, to feelings of anger, rage, frustration and repulsion. These are usually directed at the parents or persons responsible for the child's care.[1,2] Therefore, what should be done with the abusive or neglectful parents has received a great deal of attention.

There are generally two views of how to approach those persons who abuse and/or neglect children.[3]

- The PUNISHMENT METHOD views maltreatment as a crime for which parents must be punished.
- THERAPEUTIC APPROACH views the family as needing treatment.

Currently, the therapeutic (treatment) approach appears more appropriate for the following reasons:

1. Criminal prosecution may do more harm since the court process may embitter the parents or caretaker, make them resent their children and add to their lack of trust in people.[4]

2. If acquitted, the parents may think their child rearing methods are acceptable. If they are convicted, a prison term or a suspended sentence will seldom change their behavior.[5]

3. Criminal prosecution rarely resolves the underlying problems of the parents. Following release from prison, nothing will prevent them from maltreating their children in the future or having more children whom they also maltreat.[6]

4. "Fear of criminal prosecution may also deter (prevent) parents from taking an injured child for medical care."[7]

IN SHORT, IF ABUSE AND NEGLECT IS VIEWED AS A CRIME FOR WHICH PARENTS MUST BE PUNISHED, THE ASSISTANCE THAT PARENTS OR CARETAKERS SHOULD RECEIVE IS DENIED AND POSTPONED.[8]

DEGREES OF SEVERITY

The results of child abuse or neglect range in severity from children who are killed or severely injured to children who are mildly bruised or simply ill-kempt.[9,10] Cases of severe abuse and neglect usually require hospitalization for treatment of an injury or evaluation of the child's health status. Even though the majority of child abuse and neglect cases are mild this should not limit your concern or prevent you from taking appropriate action. By early recognition and treatment of mild cases of abuse and neglect, severe cases may be prevented from occurring.

TREATMENT GOALS

The primary purpose of child abuse and neglect laws is the protection of the child; any program of treatment must have this as the top priority.[11] To achieve this aim the primary objective is to replace the abusive or neglectful pattern of the abusing parent or caretaker with more rewarding methods of child rearing practices. There is also the need to improve the abuser's poor self-concept and reduce the stresses and strains in the family which led to the abusive or neglectful events.[12] Therefore, THE OVER-RIDING GOAL IS TO KEEP THE FAMILY INTACT IF AT ALL POSSIBLE. Achieving these treatment goals will require a variety of treatment services.

TREATMENT SERVICES

THERE IS NO SUCH THING AS A STANDARDIZED PROGRAM OF TREATMENT FOR FAMILIES IN WHICH CHILD ABUSE AND/OR NEGLECT IS EXPERIENCED. Since each family is unique, treatment must be individualized to meet the needs of the family members. Treatment services are also dependent on the resources which exist in any given community.

Many professionals believe that child abuse and/or neglect occurs in families which have problems resulting from stress and multiple crises.[13] It has been shown that most of these families are better able to cope with their problems and less likely to abuse or neglect their child when they receive supportive treatment services.[14]

Head Start's involvement during the treatment process should not be under-emphasized. While Head Start programs are not to become the primary agency in the treatment of abuse and neglect they can and have played a significant role by working cooperatively with other community agencies.

Head Start programs are a strong source of stability, support and continuity for both abused and neglected children and their families. For these reasons it is very important for the abused or neglected child to remain involved in his or her Head Start program if at all possible, since this may be one of the few sources of help available in the community.

EXAMPLES OF TREATMENT SERVICES

- EMERGENCY HOMEMAKER - One way to assist a family work through a crisis, while insuring protection of the children, is to place an emergency homemaker in the home. Persons trained as emergency homemakers are individuals who have received some training in how to help families better cope with problems. They are available to the family any time of the day or night and will stay with the family around the clock or tide them over the crisis or until such time when other resources can be found and used.

- PARENT-AIDE - These persons are volunteers who are available on a part-time basis each week. They do everything from going shopping for the parent, taking a child out of his/her home for an outing, to painting a kitchen. They are simply a new friend available to help in any way possible. The parent-aide is able to take the pressure off an exhausted and fatigued mother who has a demanding family.

- CRISIS NURSERY - Some communities have a crisis nursery where a child can be literally dropped off at any critical time when the family is experiencing a stressful situation. The nursery is open 24 hours per day and there are no limitations on how frequently it may be used.

- THERAPEUTIC PRESCHOOL - These programs provide care for the child and make it possible for the parents to have more time and energy to devote to solving their problems. Some of these preschools also offer counseling or therapy for the children who developed problems when they were abused.

- PARENTS ANONYMOUS - Parents Anonymous is based on the same concept as Alcoholics Anonymous. It is an organization in which any abuser or potential abuser can join and participate in group talk sessions. The sessions operate with or without a leader or facilitator. Unlike Alcoholics Anonymous, however, there is no need to admit anything. The mere fact that you attend means that you are seeking help. Parents Anonymous can be of great value, but like many of these organizations, there first must be the self-admission that one is an actual or potential abuser. For each person who attends Parents Anonymous there are many who do not believe that they have a problem.

- COUNSELING OR THERAPY - Many of those who abuse children can benefit from individual psychotherapy or counseling. Often these services help the parents or caretakers to pursue job training, further their education, or work toward a new goal.

- FOSTER CARE - Temporary removal of the child from his/her home may be necessary for a variety of reasons: the child has been abandoned by parents, the child may be in immediate danger of being abused, or a child's only parent may require hospitalization and therefore is unable to care for the child. When adequate treatment plans can be applied, and cases periodically reviewed, the foster care service can be a positive experience for the child and his/her parent(s). Unfortunately foster care often is not a positive experience.[15] There are many factors which can make foster care a negative alternative when adequate planning is not done.

    - Unless sufficient preparation of both the natural parent(s) and the child can be done before the placement is made, the child will experience emotional trauma because of separation from his/her parent. This is true of all children even those severely abused. Obviously preparation of the parent(s) and child cannot take place in emergency circumstances. Therefore, it is more appropriate in most situations to place an emergency homemaker in the family.

    - Removal of the child from the family and placement in foster care may also lead to the child moving from one foster home to another. Unfortunately, this problem is too common and is complicated by the fact that foster care frequently becomes permanent instead of temporary. Frequent moves from one home to another can be a tragic experience for the child. He or she may, as a result,

> never know from one day to the next who the psychological parent is, who he or she can count on to be a parent, or whether he or she may ever have the opportunity to return home. These harsh experiences will take their toll on any child.

The above circumstances constitute an example of the institutional abuse of children and may have a more negative impact on them than if they had remained in their home. In short, FOSTER CARE CAN BE A POSITIVE EXPERIENCE WHEN ADEQUATE PLANNING IS DONE BEFOREHAND AND PERIODIC CASE REVIEW TAKES PLACE.

WHAT IF TREATMENT SERVICES FAIL?

In those cases where parents are found to lack adequate motivation and/or the capacity to rear the child despite repeated treatment efforts to help them, it is necessary to permanently remove the child from the home. This is done through a court hearing which insures that the legal rights of all parties are represented. Termination of parental rights to the child makes it possible for the child to be placed for adoption. If appropriate treatment services have been employed the negative impact of this experience for the child and his/her parents can be minimized. TERMINATION OF PARENTAL RIGHTS SHOULD BE THE LAST RESORT AFTER ALL PREVIOUS EFFORTS TO HELP THE PARENTS HAVE BEEN EXHAUSTED.

A TREATMENT EXAMPLE OF ABUSE[16]

This situation occurred in a small community of approximately six hundred people. The abuser was an eighteen year old mother with a small infant, the father was unemployed and the family was new in the community and knew no one. The child had been admitted to the hospital because of severe injuries. It was obvious that the mother had no idea of how to take care of her baby, even diapering or bathing it. After discharge from the hospital the child was placed in a foster home in the same community with a very accepting foster mother. The real mother went every day to the foster home and took care of the baby under the foster mother's guidance. The mother accompanied the local health nurse on home visits and helped with the care given to other individuals. A job was obtained for the father. Both parents attended counseling at a mental health center nearby and the local church brought the parents into the church and town activities. Their loneliness was resolved. The child was returned to the home approximately eight months later.

A TREATMENT EXAMPLE OF NEGLECT

A hypothetical Head Start case could be as follows:

Late last fall a Head Start teacher reported four year old Julie to the local department of social services for suspected neglect.

Julie was a small, scrawny, withdrawn and apathetic young child. She usually came to school with scaly patches of dirt on her body, body odor, and occasionally smelled of urine. She wore large, ill-fitting and ragged clothing. Julie had several episodes of skin rashes which went untreated until the Head Start nurse insisted she be seen by a local physician. Julie lacked pep. Her teacher stated she was always hungry and frequently became aggressive in taking food from other children at mealtimes.

Julie lived with her mother and two older siblings in a small house. The house was dirty, messy and disorganized. The father left the family when Julie was six months old.

The mother was withdrawn and depressed with little interest in her children or activities outside of the home. She had a feeling of helplessness and constantly yelled at the children rather than using consistent discipline.

Following a report by the Head Start worker, an investigation by Child Protective Services substantiated the complaint of suspected neglect. The Head Start personnel and Social Service workers agreed to work together in helping this family and accomplished the following:

1. Head Start staff took over the supervision of the child with regard to nutrition, hygiene and health care.
2. Julie received additional attention and praise whenever possible to compensate for this lack in the home. Opportunities for success in school and "tender loving care" were provided.
3. An attempt was made to establish a warm relationship between Head Start staff and the mother. She was encouraged to attend

parent meetings and transportation was provided. She participated in the Head Start program dealing with preparation of meals and the economics of buying food.

4. The mother was provided vocational training and secured a part-time job outside of the home.
5. The mother began to receive group therapy through the local Mental Health Center.
6. A part-time homemaker was placed in the home for a few hours per day while the mother was working or attending the Mental Health Center.

Over a period of six months the mother managed to establish a close relationship with the Head Start teacher, one in whom she could confide and trust. Her self-esteem and confidence improved and she was able to provide better care for Julie and improved management of the home. She participated in Head Start program activities and is now being encouraged to take a part-time job as a parent-aide in the Head Start program.

SUMMARY

As you can see, the use of many services and the cooperation of numerous professionals is dependent on the individual case and the community's resources. The aims of treatment services are to protect the child, to help the parents find better ways of rearing their children and to keep the family together. Several types of treatment approaches are made available. A variety of supportive services can be drawn upon to achieve this end as seen in the above family situations. It has been found that the majority of families are more able to rear their children constructively when services are available and used. Only after repeated attempts to help the family have failed, should the child be permanently removed from the home.

☆SELF-ASSESSMENT QUIZ: Unit 7

Please answer each question. After you have done this turn the page and check your answers.

1. Why is the treatment approach to child abuse and neglect more appropriate than the punishment approach?

   _____

2. Why is it just as important to recognize and report mild cases of child abuse and neglect as well as severe cases?

   _____

3. T F Fear of criminal prosecution often prevents parents from taking an injured child for medical care.

4. T F If adequate planning is done foster care often is a positive experience for children.

5. List two treatment services which can be used in the home without removing the abused child from his or her family.

   1. _____

   2. _____

★ SELF-ASSESSMENT QUIZ ANSWERS: Unit 7

1. Criminal prosecution may embitter the parents. If acquitted, parents may think their child rearing methods are acceptable. If convicted, a prison term will seldom change their behavior. Criminal prosecution rarely provides rehabilitative treatment.

2. To prevent severe cases from occurring.

3. True - some parents may be reluctant to seek medical care for their injured child if they think the police might be called.

4. True - adequate planning will insure the needs of the child and his/her family will be recognized and dealt with when the child is placed in foster care.

5. Emergency homemaker
   Parent-aide
   Crisis nursery
   Therapeutic preschool
   Parents Anonymous
   Counseling
   Therapy

If you have missed any of the questions re-read this unit before progressing to the next unit.

REFERENCES FOR UNIT 7

1. Urban and Rural Systems Associates, Materials from Training Conference on Diagnosing and Treating Child Abuse and Neglect, Kansas City, Missouri, March 8-12, 1976.

2. C. Henry Kempe et al. "The Battered Child Syndrome," Journal of the American Medical Association, 181 (1962), p. 18.

3. U.S. Department of Health, Education, and Welfare, Office of Human Development, Office of Child Development, Children's Bureau, National Center on Child Abuse and Neglect, Child Abuse and Neglect: The Problem and Its Management. Volume 1: An Overview of the Problem. (Washington, D.C.: Government Printing Office, 1975), p. 29.

4. Ibid., p. 31.

5. Ibid.

6. Ibid., p. 31-32.

7. Ibid.

8. Ibid.

9. David G. Gil, Violence Against Children, (Cambridge, Massachusetts: Harvard University Press, 1970), p. 119.

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Unit 8

PREVENTION OF ABUSE AND NEGLECT

☆ STIMULUS QUIZ

Please answer each question. After you have done this turn the page and check your answers.

1. Current treatment programs emphasize: (Circle the correct response.)

   A. Preventing the recurrence of abuse.

   B. Preventing the initial episode.

   C. None of the above.

2. T F Much neglect is caused by inadequate information on the part of the parent or caretaker.

3. T F Punishment is necessary to teach children correct behavior.

4. T F One of the most important parts of primary prevention is parent involvement in their own Head Start program.

★ STIMULUS QUIZ ANSWERS: Unit 8

1. A. Preventing the recurrence of abuse - most treatment programs offer help to the abused and/or neglected child and his or her family after abuse has occurred.

2. True - many parents who abuse or neglect their child do not understand the child's normal developmental needs.

3. False - punishment is not necessary to change a child's behavior.

4. True - parents who are involved in their own Head Start program are more likely to receive the emotional support they need and therefore less likely to neglect or abuse their child than those parents uninvolved in their Head Start program and who are also socially isolated.

FOLLOWING THE COMPLETION OF THIS UNIT YOU SHOULD BE ABLE TO ANSWER THE FOLLOWING QUESTIONS:

- What does the term primary prevention mean?
- What are some actions you as a Head Start teacher might take to prevent abuse and neglect?
- What are some actions your Head Start program might take to prevent abuse and neglect?
- What are some things you as a citizen might do to prevent abuse and neglect?

UNIT 8

PREVENTION OF ABUSE AND NEGLECT

There are two types of prevention: primary and secondary.[1] When applied to the problems of child abuse and neglect PRIMARY PREVENTION refers to action which is taken to insure child abuse and neglect will not occur. On the other hand, SECONDARY PREVENTION are those steps which are taken after child abuse or neglect has already happened. It is believed that by providing treatment once abuse or neglect has occurred, it will be prevented from recurring.

IN SHORT, PRIMARY PREVENTION INVOLVES STEPS TAKEN BEFORE THE CHILD IS ABUSED WHILE SECONDARY PREVENTION INVOLVES TREATMENT AFTER THE ABUSE HAS TAKEN PLACE.[2]

It seems that society has placed more emphasis on treating child abuse and neglect after it has occurred (secondary prevention) than on programs to prevent its occurrence. Since discussion of secondary prevention is found in the "Treatment" unit of this text, primary prevention will be discussed at this time.

In relationship to child abuse and neglect, it can be said that Head Start is a program that provides primary prevention services. Head Start is based on the premise that all children share certain needs, and that children of low-income families, in particular, can benefit from a comprehensive developmental program to meet these needs. The overall goal of the Head Start program is to bring about a greater degree of social competence in children of low-income families. To accomplish this goal, Head Start has established

objectives and program performance standards for education, health services, mental health, nutrition, social services and parent involvement. A Head Start program that is meeting or exceeding the Program Performance Standards is providing services to foster development, to remedy problems and to involve the child's entire family as well as the community. These services are preventive in nature and are the fundamental components of the Head Start program.

Few would disagree that rearing children is an awesome responsibility which requires knowledge about the needs and normal development of children. For a variety of reasons many parents lack this information and understanding. As you may recall in the unit on "Characteristics of Abuse and Neglect" this is particularly true for many parents who abuse and/or neglect their children. In light of this you should be sensitive to parents who have inappropriate parental attitudes and/or expectations of their children. When these instances occur you need not hesitate to discuss these attitudes or expectations with the parent. Many times the parent may be uninformed about the needs of their child. Keep in mind that all parents sincerely want to be good parents but some simply need more information in order to do so. Most parents will appreciate your advice.

Informing parents can be on a one-to-one basis in parent-teacher conferences or it might occur in a group meeting with parents who express an interest in enrolling their child in your program. If the parents are interested this is a good time to discuss with them appropriate ways of raising children.

The above ways for involving parents may also serve additional preventive benefits. Many parents who neglect or abuse their children are lonely and have a low opinion of themselves.[3] Efforts on your part to reach out to parents, to be genuinely interested in them as persons and sensitive to their questions and concerns are ways of helping them improve their self-confidence and feelings of self-worth. The feeling of loneliness which many parents experience can be overcome by the warm relationship you have with them and by their meeting other parents who have similar problems.

If Head Start personnel are to assist parents in understanding the needs and development of their children, the staff itself should have accurate information in these areas. For this reason, Head Start programs need to provide in-service training for employees. These opportunities should be available to new staff and to all personnel on an on-going basis.

A most important part of primary prevention is parent involvement in their own Head Start program. Many parents who have the potential to abuse or neglect their children have had no one to turn to for help and advice. Parent involvement in their Head Start program may allow them to develop and experience closer relationships with others. Therefore, the parent involvement policy should be highly supported by staff and board members.

Head Start policy and staff should also help parents recognize that the use of physical force is not necessary to change or modify a child's behavior.

Many people mistakenly believe physical punishment is the best way of handling a child's misbehavior. It should be noted that verbal and emotional abuse can have extremely destructive consequences for children. Since parents may look to Head Start staff for the best methods they can use in handling their child, the staff should be aware of this and set a good example.

The social services objectives and performance standards of the Head Start Program Performance Standards should be considered in any plans or discussions of local procedures for the identification and reporting of child abuse and neglect. The Head Start policy instructions on child abuse and neglect are implicit in the social services performance standards. The requirements for the identification and reporting of child abuse and neglect should be considered as an integral part of the Head Start social services component. The performance standards have requirements and provide guidance for such related activities as counseling, emergency assistance, community services information, follow-up of referrals, advocacy, identification of social service needs, cooperation with existing community resources, improving and developing services, preparing a community resource list and confidentiality of records.

☆ SELF-ASSESSMENT QUIZ: Unit 8

Please answer each question. After you have done this turn the page and check your answers.

1. T F Primary prevention involves steps taken before the child is abused.

2. T F Society places more emphasis on secondary prevention than primary prevention.

3. T F Many persons who neglect their children simply lack adequate information about their child's needs.

4. T F Head Start staff need to possess adequate information about the developmental needs of children.

5. What can you do to be sensitive to the needs of parents whose children your program serves?

_____

6. As a citizen what can you do to prevent the societal abuse and neglect of children?

_____

7. T F An effective method of handling a child's misbehavior is physical punishment.

★ SELF-ASSESSMENT QUIZ ANSWERS: Unit 8

1. True - primary prevention is action taken which seeks to reduce the possibility of abuse from occurring.

2. True - society supports more treatment programs than preventive programs.

3. True

4. True - if Head Start staff are to properly carry out their jobs they should understand the developmental needs of children.

5. Be available if they wish to talk to you, be sensitive to their concerns and questions, provide accurate information in answering their questions.

6. Support social policy which promotes the health and welfare of children and demand institutions respect the legal rights of individuals.

7. False

If you missed any of the questions re-read this unit before progressing to the concluding statement.

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CONCLUDING STATEMENT

You have now completed this self-instructional learning text. You should have a good basic knowledge of those aspects of child abuse and neglect that you are most likely to encounter in your Head Start program. You do not have all the answers, but you should be able to enter discussions and help make decisions in those areas of child abuse and neglect that are not clear-cut and precise. You should be able to participate effectively in the development of policies and procedures pertinent to your own program which will be in compliance with the national Head Start policy and your state law. You should be aware of the individuals and agencies to contact in your community and know that without collaborative and cooperative effort a rehabilitative program for a family is likely to fail.

Perhaps more than anything else you should have attained a sensitivity to people in trouble: those so overwhelmed by the stresses and strains of daily living that they abuse or neglect their children. Your new knowledge should lead you to a compassionate understanding of their difficulties and the ability as well as the desire to lend a helping hand.

The purpose of this text is to assist Head Start personnel with the prevention, identification, reporting and treatment of abused and neglected children and their families. The text does not supply all the answers to child abuse and neglect, nor does it spell out what your local program policies and procedures on child abuse and neglect should be. This information is intended to serve as a spring-board for discussion of child abuse and neglect in staff development and in-service training sessions.

We hope that what you have learned so far will encourage you to seek out additional information. We have included additional sources of information in the appendix.

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Urban and Rural Systems Associates. Materials from Training Conference on Diagnosing and Treating Child Abuse and Neglect, Kansas City, Missouri, March 8-12, 1976.

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U.S. Department of Health, Education, and Welfare. Office of Child Development. Children's Bureau. National Center on Child Abuse and Neglect. We Can Help...A Curriculum on the Identification, Reporting, Referral and Case Management of Child Abuse and Neglect. Washington, D.C.: Government Printing Office, 1976.

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U.S. Department of Health, Education, and Welfare. Social and Rehabilitation Service. Community Services Administration. Profile of Neglect: A Survey of the State of Knowledge of Child Neglect, by Norman A. Polansky, Carolyn Hally and Nancy F. Polansky. Washington, D.C., 1975.

Webster's New Collegiate Dictionary. Springfield, Massachusetts: G. & C. Merriam Co., 1975.

APPENDIX

SOURCES OF ADDITIONAL INFORMATION

ASSOCIATIONS:

American Humane Association
Children's Division
P.O. Box 1266
Denver, Colorado 80201 (extensive publication available)

Child Abuse Listening Mediation (CALM)
P.O. Box 718
Santa Barbara, California 93102 (volunteer program)

Child Welfare League of America
67 Irving Place
New York, New York 10003

Children's Bureau
Administration for Children, Youth and Families
P.O. Box 1182
Washington, D.C. 20013 (federal agency)

Day Care and Child Development Council of America
1401 K Street N.W.
Washington, D.C. 20085

National Center for the Prevention and Treatment of Child Abuse and Neglect
University of Colorado Medical Center
1001 Jasmine Street
Denver, Colorado 80220

National Committee for Prevention of Child Abuse
Suite 510, 111 East Wacker Drive
Chicago, Illinois 60601

Parents Anonymous
2801 Artesia Boulevard
Redondo Beach, California 90278 (parent self-help)

National Center for Comprehensive Emergency Services to Children in Crisis
320 Metro Howard Office Building
25 Middleton Street
Nashville, Tennessee 37210

FEDERAL CHILD ABUSE AND NEGLECT SPECIALISTS:

(Located in each Regional Office of the U.S. Department of Health, Education, and Welfare and in the Indian and Migrant Programs Division of the Head Start Bureau.)

○ LOCAL AGENCIES TO CONTACT:

Child Protective Services Supervisor

County or State Attorney General

County Medical Society

○ AUDIO VISUAL AIDS

Films

1. Barb: Breaking the Cycle of Child Abuse. Motorola Teleprograms, Inc., 4825 N. Scott Street, Schiller Park, Illinois 60176. 16mm; color; 28½ mins.; $375.00; $50/wk. rental.

2. Don't Give Up On Me. Motorola Teleprograms, Inc., 4825 N. Scott Street, Schiller Park, Illinois 60176. 16mm; color; 28½ mins.; $375.00; $50/wk. rental.

3. Cipher In The Snow. Brigham Young University, Media Marketing, W-170 Stad., Provo, Utah 84602. 16mm; color; 24 mins.; $265.00; $14.00 1st day, $2.00 each extra day rental.

4. Incest: The Victim Nobody Knows. Mitchell Gebhardt Film Company, 1380 Bush Street, San Francisco, California 94109. 16mm; color; 21 mins.; $350.00; $40.00 rental.

5. Child Abuse: Cradle of Violence. Motorola Teleprograms, Inc. 4825 N. Scott Street, Schiller Park, Illinois 60176. 16mm; color; 20 mins.; $340.00; $50/wk. rental.

Slide Tape

1. "Child Abuse and Neglect - A Basic View"
   from: Child Abuse and Neglect Resource Center
   Institute of Child Behavior and Development
   The University of Iowa
   Oakdale, Iowa 52319

○ TRAINING MATERIALS

National Center on Child Abuse and Neglect. We Can Help . . . A Curriculum in the Identification, Reporting, Referral and Case Management of Child Abuse and Neglect. 1976.

The following materials from the National Center on Child Abuse and Neglect curriculum may be of value in conjunction with various units in this text. These materials should be available after the summer of 1977. For more information contact the National Center on Child Abuse and Neglect, Administration for Children, Youth and Families, P.O. Box 1182, Washington, D.C. 20013.

1) Physical Indicators: Signs of Alert. 1 cassette, 1 filmstrip.

2) Physical Abuse: What Behavior Can Tell Us. 1 cassette, 1 filmstrip.

3) Identifying Neglect, Before It's Too Late. 1 cassette, 1 filmstrip.

4) Investigating Child Abuse and Neglect. 1-16mm film.

5) Child Abuse and Neglect: What the Educator Sees. 1 cassette, 1 filmstrip.

FURTHER READINGS

Books

Leavitt, Jerome E. The Battered Child: Selected Readings. Morristown, New Jersey; General Learning Corporation, 1974.

Young, Leontine. Wednesday's Children: A Study of Child Neglect and Abuse. New York, New York: McGraw-Hill Book Company, 1964.

Articles

"Guidelines for Schools." Denver: American Humane Association, 1971.

Hopkins, Joan. "The Nurse and the Abused Child." From Nursing Clinics of North America, 5 (4), December 1970.

Newberger, Eli. "Interdisciplinary Management of Child Abuse: Problems and Progress." From Fourth National Symposium on Child Abuse. Denver: American Humane Association, 1975.

Reskow, Judith Gantly. "Child Abuse. What the Educator Should Know." New Jersey Education Association Review, 1973.

Wasserman, Sidney. "The Abused Parent of the Abused Child." Children, September - October, 1967.

SUGGESTIONS FOR HEAD START ADMINISTRATORS ON USE OF THIS TEXT

This text is composed of eight separate units. The total time required to complete the text is approximately four-to-six hours. There are several ways of using this text:

a) Read and discuss one or more units in a specified time period depending on staff preference.

b) Schedule additional discussion periods to review unresolved or controversial issues.

c) Include local professionals or appropriate individuals from your community (Parents Anonymous members, law enforcement personnel, child protective service workers, physicians, nurses, attorneys, etc.) as resource people for your discussion groups.

d) Utilize films and other appropriate audiovisual material. (Please refer to Sources of Additional Information.)

e) The Head Start staff member coordinating abuse and neglect activities should be sensitive to those individuals who may have difficulty with sections of the text. Appropriate assistance should be given as indicated.

f) This text can be utilized as a reference source for information and materials for presentations to professionals and lay audiences.

REFERENCE GUIDE FOR HEAD START DIRECTORS IN IMPLEMENTING HEAD START POLICY INSTRUCTION ON CHILD ABUSE AND NEGLECT

The following outline will serve as a brief reference guide for Head Start directors in implementing the Federal Policy Instruction for the Identification and Reporting of Child Abuse and Neglect. While Head Start programs are to report abuse and neglect in accordance with the specific definitions in their own state law, it is helpful to keep the basic differences in mind.

> Abuse generally refers to acts such as beatings or excessive punishment, while
>
> Neglect refers to a lack of action such as failure to provide adequate food, clothing, shelter or emotional care.

The new Head Start policy requires that all instances of suspected abuse and neglect be reported regardless of whether Head Start staff are permissive or mandatory reporters, if the state law provides immunity.

Head Start directors should:

1. Obtain a copy of the state reporting law on child abuse and neglect. Determine whether Head Start personnel are mandatory or permissive reporters. If Head Start personnel are specifically designated in the law, they should consider themselves in the same category as preschool and day care staff.
2. Review the Head Start Program "Policy Instruction for the Identification and Reporting of Child Abuse and Neglect." (An outline of the main areas and a copy of the Policy Instruction can be

found in Unit 1 of the Self-Instructional Text for Head Start Personnel.)

3. Inform staff that agencies and delegate agencies are to maintain confidentiality of abuse and neglect records in accordance with state law.
4. Point out to staff that Head Start programs are to work with child protective service agencies who deal with abuse and neglect.

   Emphasize that Head Start programs are <u>not</u> to become primary treatment programs or undertake treatment on their own. Emphasize the important preventive role Head Start plays in respect to abuse and neglect.
5. Share with staff that Head Start programs are to make every effort to retain abused and neglected children. They may also admit allegedly abused and neglected children who are referred by child protective service agencies if the families are eligible for Head Start and are approved by the Policy Council.
6. Appoint a staff member to coordinate child abuse and neglect activities. The staff member will carry out the following responsibilities:

   Establish and maintain relationships with community agencies which are also involved with abuse and neglect. These include agencies which provide child protective services and any other agency which has legal responsibility for receiving reports of abuse and neglect. (Please refer to Unit 6 of the Self-Instructional Text for Head Start Personnel.)

Inform staff regarding the agency's procedure for identifying and reporting suspected abuse and neglect within the Head Start program. (See Unit 5 - Characteristics of Abuse and Neglect and Unit 6 - Reporting of Abuse and Neglect in the Self-Instructional Text for Head Start Personnel.)

Inform parents and staff of the legal requirements for the reporting of abuse and neglect.

Report suspected abuse and neglect to the appropriate community agency.

Discuss the report with the family "if it appears desirable or necessary to do so." (Please refer to Unit 1 of the Self-Instructional Text for Head Start Personnel for additional information on this point.)

Determine which social and medical resources in the community are available for abused and neglected children and their families.

7. Provide a brief orientation program for staff regarding the identification and reporting of child abuse and neglect. (The Self-Instructional Text for Head Start Personnel can serve as a springboard for the discussion of abuse and neglect in staff development and in-service training sessions. From these discussions local policies and procedures can then be developed and implemented.)
8. Provide an orientation program for the parents which would focus on: a) the need for prevention of child abuse and neglect, b) the need for protection for abused and neglected children.

SUGGESTED QUESTIONS FOR DETERMINING AGENCY COMPLIANCE WITH HEAD START POLICY INSTRUCTION ON CHILD ABUSE AND NEGLECT.

Head Start Directors may find the following list of questions helpful in determining agency compliance with policy instruction:

(1) Are Head Start staff familiar with their state's child abuse and neglect laws?

(2) Do personnel recognize whether they are mandatory or permissive reporters?

(3) Are records pertaining to child abuse or neglect kept confidential?

(4) Are the staff members aware of the following areas:

a) That Head Start Centers on their own will NOT undertake to treat cases of child abuse and neglect or become a primary treatment program.

b) That the staff will cooperate fully with child protective service agencies.

c) That programs will make every effort to retain allegedly abused and neglected children in their programs.

d) That children referred by child protective agencies whose families meet eligibility requirements for Head Start can be enrolled in the program if sanctioned by the Policy Council.

e) That Head Start has an important preventive role to play in relation to child abuse and neglect.

(5) Has each Head Start agency and delegate agency appointed a staff member to be responsible for abuse and neglect activities? The activities include the following areas:

a) Establish and maintain relationships with community agencies which provide child protective services and any other agency which receives reports of abuse and neglect.

b) Inform parents and staff regarding local and state child abuse and neglect laws.

c) Know available medical and social services in the community which offer assistance to abused and neglected children and their families.

d) Report child abuse and neglect cases on behalf of the Head Start program in accordance with state and local laws.

e) "Discuss the report with the family if it appears desirable or necessary to do so." (Federal Register, January 26, 1977, p. 4971.)

f) Inform staff regarding the agency's procedure for identifying and reporting abuse and neglect.

6) Has the Head Start agency and delegate agency provided orientation and/or training in:

a) Identification and reporting of child abuse and neglect for staff.

b) Prevention and protection for abused and neglected children for parents.

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